



Entering a  
New Year



Bravo Zulu  
PMR, p. 8

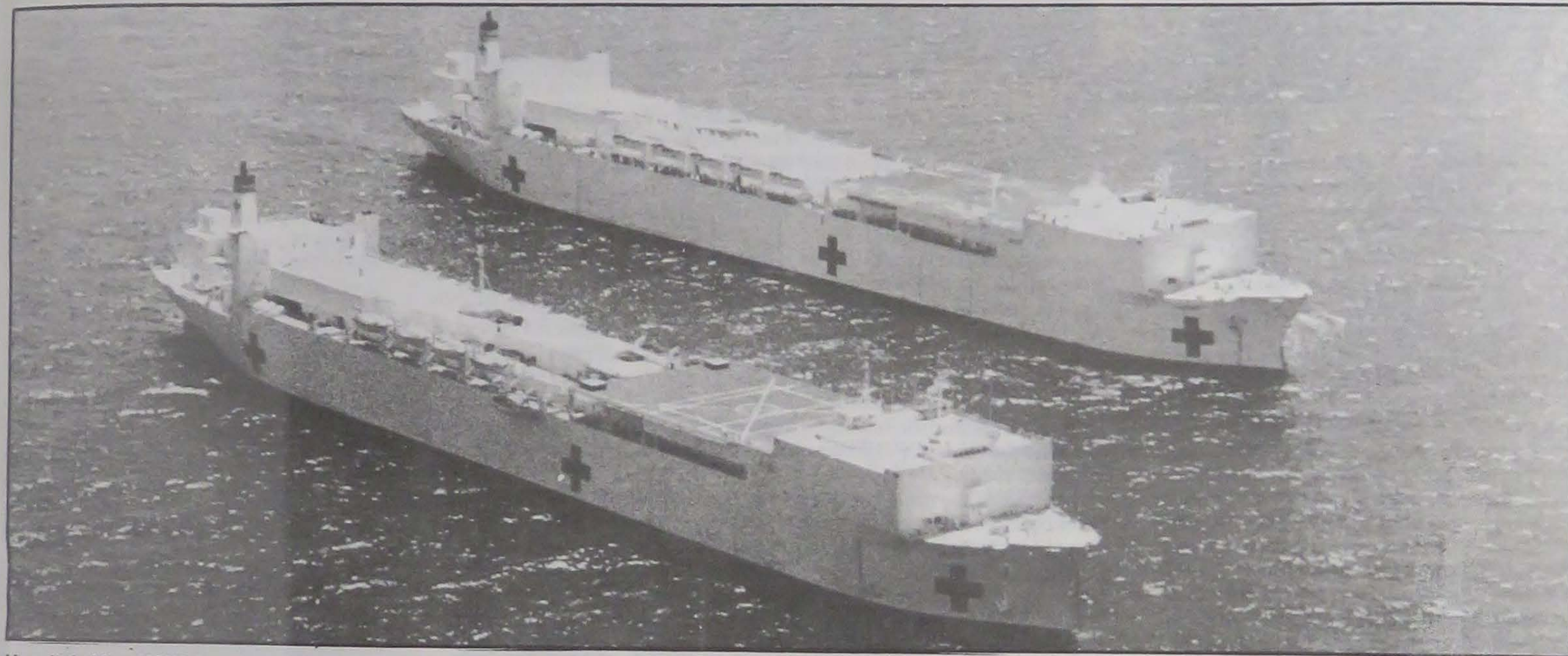


# RED ROVER

Volume 3, Number 1

Naval Hospital, Oakland 94627-5000

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Hospital ships, USNS Mercy (forefront) and USNS Comfort stand vigil in Mid Eastern waters in support of Operation Desert Shield. (Official Navy photo)

## Emergency information resources for Navy families

COMNAVBASE SAN FRANCISCO, Calif. — Your family member is underway and you find yourself in the middle of an emergency. Do you know who is there to help you? Do you know where to get that information?

In light of strife in the Middle East, area Navy agencies have beefed up their capabilities to deliver timely information to Navy families. As evidenced by the 1989 earthquake, most emergencies arise without notice. Therefore, it is essential for all of us to be aware of some of the Navy emergency resources available.

Located at most commands, family service centers (FSC) are among the most important sources for general information. FSCs offer a wide selection of programs and services, and also act as an excellent referral source. In the Bay Area, FSCs can be found at Mare Island Naval Shipyard, (707) 646-2527; Naval Air Station Moffett Field, (415) 404-4015; Naval Air Station Alameda, (415) 263-3146 and Naval Station Treasure Island, (415) 395-5176.

FSCs also offer a myriad of non-emergency services and counseling programs year-round. In the case of an emer-

gency, they increase their volunteer services and support to meet the needs of the Navy family.

Another valuable resource is the American Red Cross. With chapters located all over the United States, the Red Cross performs the necessary task of notifying service members of serious illness, death or problems relating to immediate family. This reporting assists military authorities in deciding upon a request for emergency leave or extension and for forwarding information concerning government benefits to which service members or their

family members are entitled. Red Cross chapters can be found in San Francisco, 776-1500; Oakland, 533-2321; Alameda, 522-7711; San Mateo, 692-7214; Concord, 687-3030 and San Rafael, 454-1550 — all at area code 415.

The Red Cross offered invaluable service during the earthquake by providing information on the well-being of Bay Area service members to their families living outside of Northern California.

Ombudsmen are the vital link between service members' commands and their dependents. Their role is to relay

information from the command to families and vice-versa. If you do not know who the ombudsman is for your service member's command, contact your local FSC.

Another source of information is the base Public Affairs Office (PAO). If you are unable to get answers from other sources, PAOs may be able to direct you to the source you need. Bay Area PAOs are: Naval Air Station Alameda, 263-3079; Naval Air Station Moffett Field, 404-4030; Naval Hospital Oakland, 633-5918; Naval Supply Oakland, 302-

Cont'd on p. 8

## Teamwork a byword at Moffett

By JOC Bob Hansen

NAS MOFFETT FIELD — There is an old saying that a chain is only as strong as its weakest link. In the Navy this means that a crew, whether on a ship, an airplane or at a clinic, depends on each and every person to do their job to make the unit run smoothly and efficiently.

At the Moffett Branch Clinic, not only is the unit running smoothly, but it's doing so with new team members aboard to replace much of the staff de-

ployed to Operation Desert Shield.

HMC Ron Webb, Administrative Chief Petty Officer at Moffett Clinic noted that the deployment of personnel was so sudden that, "people literally left work on their desks and were gone. At one point I was the only chief petty officer here."

Some of the links were gone, but the staff left behind adapted and continued doing their jobs. The reservists came aboard and helped return things back to

normal. "We can't really tell anyone is missing," said Head Nurse, Lt. Cdr. Lisa Gadeleta. "The reservists have done an outstanding job coming in here with only a cadre crew to orient them. We brought the clinic back up, got new programs on line and haven't missed a beat."

Gadeleta has reason to be proud — she is a reservist herself. She said there's a spirit of family at the Moffett Branch Clinic. The reservists, who have been here since August, have

Cont'd on p. 3



HM3 Tracy Baker conducts a procedure with blood samples in the Moffett Lab. (Photo by JOC Bob Hansen)



**From the Executive Officer**  
**Capt. Noel A. Hyde,**  
**MSC, USN**



During these days of uncertainty with the situation in the Middle East and our constant struggle to maintain hospital operations, we must not lose sight of the duty we owe to the patients we serve.

By every measurable criteria, Naval Hospital Oakland provides healthcare services that are second to none in terms of quality. We must remember, however, that our patients do not measure the quality of the care that they receive in the same way that we do. Our patients don't measure our service based on morbidity statistics, occurrence screens or established standards of care. They measure the quality of care they receive using much more subjective criteria: "Was I able to get an appointment in a timely manner? Was the appointment clerk nice to me on the phone? Was the staff friendly and considerate? **Do they care?**" An accurate diagnosis and treatment plan are only half of our responsibility. It is equally important that the patients' **perception** of the care is positive.

We must be sensitive to the fact that we often see patients at their worst. They are at the hospital because they don't feel well and would much rather be somewhere else. By going out of our way to be considerate, helpful and compassionate, we will ensure that our patients' perception of care will match our measurement of its quality.

We should all be alert to problems of patient care and should be willing to listen to patients who feel they have problems. We have an established Patient Contact Program for that purpose. Our patient contact representatives are always ready to listen to every complaint. We will investigate every complaint and correct problems that exist. After all, making our patients/customers delighted is fundamental to our mission. Satisfied patients reinforce the truth that NHO and its branch clinics are indeed "very special places."

## National Prayer Breakfast

A national prayer breakfast will be held February 12 in Naval Hospital Oakland's galley at 6 a.m. Keynote speaker, former Royal Air Force pilot Maxwell F. Meyers, will start speaking at 7 a.m. All are invited.

**OAK KNOLL PERSPECTIVE**  
**From the Commanding Officer**  
**RADM David M. Lichtman, MC, USN**



Christmas came early this year from an unexpected source — the Navy Inspector General's Office. The present they left was the cancellation of their scheduled IG visit for January.

Presents come in all shapes and sizes, but this gift was one of the best this command could have received, for several reasons. With the high turnover of staff due to *Operation Desert Shield*, we need time to train and integrate new members into the Oak Knoll team. Preparing for a major inspection like the IG would have detracted from our ability to meet the current challenges we face. In addition, we have been extensively inspected by multiple agencies in the recent past; the JCAHO, NAVOSH, MAT, MAIT and procurement reviews are but a few major examples. In each and every instance, we have exceeded expectations, and the reviewers have applauded this command for the high quality of care and professional services we provide. Another rigorous inspection at this time would have been distracting.

Still, the time that we spent preparing for this inspection may have been a blessing in disguise. With so many new staff coming on board at a time when our operational tempo has been so hectic, it would have been easy to take shortcuts and fail to learn some of the basic rules and procedures governing our jobs. I think the IG preparation caused us all to stop and take a quick look at these regulations and got us off to a great new start.

I believe that 1991 is going to be a truly "special" year for Oak Knoll. I look forward to the return of our staff from *Operation Desert Shield*, the winding down of the P-122 construction project, the establishment of a new Cardiac Surgery program, the opening of a child care center and the beginning of a unique partnership with UC Davis for many of our Graduate Medical Education programs. When the IG team reschedules its visit, I'm certain it will be astounded and impressed with the progress and accomplishments of Naval Hospital Oakland.

## Listening Box

**Q:** I understand there is a problem with parking. However, it does not justify people creating their own parking places. My vehicle has been blocked by these inconsiderate people on more than one occasion. Security personnel have been notified of the problem, yet nothing was done. "We'll take care of it" must mean "We don't care." If the commanding officer's car is blocked, Security is the first one there to issue a citation. The privilege of driving on base goes with understanding that you will follow the driving rules. I regret that it had to come to a complaint in writing, but what else is a person to do after informing Security several times with no results.

**A:** I can assure you that the Security Department responds as quickly as possible to complaints regarding improper parking. There is little that Security can do at this time about moving a parked vehicle, until the driver returns. In the future a "Wheel-Lock" will be applied to these vehicles so that a citation can be written to the driver as opposed to the vehicle.

Our Security Department has initiated a vigorous campaign from 7:30 a.m. to 4:40 p.m., Monday through Friday, to identify and cite improperly parked vehicles in our patient parking areas. During November and December, 329 citations were written.

I regret that there is a perception by only some that Security does not care. I am very proud of the efforts of our Security Department during a time of reduced manning. Their energies are channeled to provide for the safety and well-being of patients and staff while contributing to keep Oak Knoll a "Special Place."

(S/Rear Adm. David M. Lichtman, Commanding Officer)

**From the Command**  
**Master Chief HMCM (SS)**  
**Michael L. Stewart, USN**



**Advancement** — It's that time of year again. Time when a lot of you are wondering, "Why did someone else get selected" and you didn't. Maybe you are getting ready to take the exam for the first time and you are wondering, "What can I do to make it?"

I certainly don't pretend to have all the answers or the secret formula for success, but I can tell you some things that I know worked for me. First of all, you have to be committed to what you are doing. An interview with a recent winner of the New York marathon was interesting in that he said, "the desire to win must be overshadowed by the desire to prepare."

Study, study and then, when all else fails, study some more. But make sure you're studying the right thing. Education and Training has the latest bibliographies for advancement that spell out what you will be tested on. Get together with others who are also trying to make it, and have study sessions together. Education and Training is working hard for you by sponsoring advancement classes.

Find someone who just got advanced and find out what they did. I will be happy to talk to anyone about advancements. Please don't let the next frocking ceremony go by without you participating.

## Red Rover

**Named after the Navy's first commissioned hospital ship.**

The Red Rover is published monthly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

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# Biomed Photography: A very busy place

By A. Marechal-Workman

In a small, dark room in the basement of Naval Hospital Oakland (NHO), an elite group of people spends many hours in work that is seen by many, but which is generally unrecognized throughout the command. Their domain is the Biomedical Photography Department — part of the hospital's Biomedical Communications, under the supervision of Herb Queller, an audio-visual specialist.

Headed by Hospital Corpsman 2nd Class Cynthia Malone, the department is also staffed by Hospital Corpsman 3rd Class Kerry M. Barnett, an on-the-job trainee. Hospital Corpsman 2nd Class David A. Lynn is another staff member, but he's currently on temporary additional duty (TAD), serving aboard USNS Mercy (T-AH 19) in the Persian Gulf.

Medical photography has been a Navy function since the 1930s and has an interesting history. A Navy medical photographer in Bethesda photographed President Kennedy

following his assassination; NHO's medical photographers were invaluable to the community during the October 89 earthquake. In fact, the previous leading petty officer, Philip F. Goodrich, was awarded the Navy Commendation Medal for his heroic efforts in this connection.

## Navy is unique

According to Malone, the Navy is unique in that it is the only service branch that trains its medical personnel in this specialty. Prospective biomedical photographers receive intensive training during a seven-month course in Bethesda, Md. Their assignments are varied; for example, one assignment may consist of accurately detailed photos of the inside of a body cavity to find abnormal tissue.

Medical photographers are also called on to record surgical procedures and autopsies and to document pre- and post-operations for the instruction of residents and interns.

"Fifty percent of our workload is spent in support of

Graduate Medical Education," said Malone.

Medical photographers are also trained in forensic and crime-scene photography, and often work with the Naval Investigative Service and local masters-at-arm. In addition, they develop and print their own pictures and, sometimes, the command newspaper's photos.

According to Malone, an average month for NHO photographers consists of about 210 hours, and over 3,000 orders per year. They allow ten working days for each order, but usually process it in eight to nine days, she explained.

"Medical photography is an 'untapped' resource for the Navy," she continued. "But although we're a small department, people know we're around and we're constantly busy."

Malone added that, according to the school in Bethesda, there are only 42 hospital corpsmen in the Navy who have earned the 8472 biomedical photography rating. Of that

number, only 3 are women, and Malone is happy to be one of those three — the only one who has the classification at NHO now that Lynn is supporting Operation Desert Shield.

"Medical photography is

more important than many people realize," Malone concluded. "There were no medical photographers in Vietnam; had there been, their work could have been valuable for future medical education."



(From left) HM3 Kerry Barnett, Herb Queller and HM2 Cynthia Malone share the spotlight. Taking a rest from their busy schedule, they smile for the camera. (Courtesy of Biomed Photo)

## Moffett Clinic

Cont'd from p. 1



HM2 Emma Robalino (right), physical therapy technician, helps patient AOAN Richard Quinn exercise his leg. Robalino is gaining valuable experience while at the clinic. (Photo by JOC Bob Hansen)

joined the family of regulars and civilians and have helped foster an *esprit de corps* which has had a positive effect on the quality of service.

One of Gadeleta's many tasks includes being patient contact representative for the clinic. "I've heard from people that things have changed for the better," she said, "mainly due to the increased availability of appointments."

According to Officer-in-Charge, Cdr. Lee Tompkins, many factors were responsible for the improvement. These include new services in the pharmacy as well as the success of the resource sharing agreements (RSA) and the new RSA physicians who have brought new programs on line.

RSA's are programs designed to expand services to eligible beneficiaries through contractual agreements with outside providers. Moffett has two RSA physicians in the Primary Care Clinic for DEERS

and CHAMPUS-eligible dependents, as well as one in Pediatrics. They recently brought aboard three family practice physicians.

"They will see the entire family as a unit, treat them as a unit and make referrals as needed," Gadeleta explained. "This is like holistic medicine — treating the family is a true speciality. The family still has access to all services we offer."

According to Gadeleta, the elimination of the walk-in clinic did not result in a significant reduction in services — most beneficiaries are scheduled for an appointment the same day. She said it did result in better utilization of existing assets.

The key element was the positive attitude of the cadre and civilian staff which was infectious and rubbed off on the reservists.

Hospital Corpsman 2nd Class Emma Robalino drills with NHO 540 in Fresno. Working as a physical therapy

(PT) assistant, she has put her college education on hold. However, she is using her time at Moffett to develop her skills and gain some valuable experience.

"I'm a PT technician on the outside," she said. "Here I'm practically a one-person PT clinic. I schedule patients, treat them, evaluate them and refer them to a physician — an assistant on the outside is not allowed this much leeway."

Robalino and another reservists, Hospitalman Steve Joyner had positive comments about the regular staff's attitude and willingness to help.

"The doctors are great," said Joyner. "They go out of their way to teach you if you have any questions."

## Busiest clinic

The Moffett clinic is the busiest in the Naval Hospital Oakland system. Acting Chief Pharmacist Lt. Jill Reeves, noted that they handle between 500 to 800 new and refill prescriptions a day.

Patient satisfaction is the focus of the clinic's work. "I'm proud of the attitude we have toward patient satisfaction," said Gadeleta. "If we do it right the first time, we don't have to do it again."

Tompkins said he's justly proud of his staff. "I get 50-60 positive comments to every complaint," he said. "I am impressed; we have hard workers interested in their job, who have real team spirit."

## HN Gutter is NHO Sailor of the Month

By Melinda S. Bernard

"HN Anthony Gutter has done a lot for us since the departure of USNS Mercy (T-AH 19)," said SKC L. Tauiliili referring to the recently selected Sailor of the Month. "He is hard working, trustworthy and works long hours to get a job done."

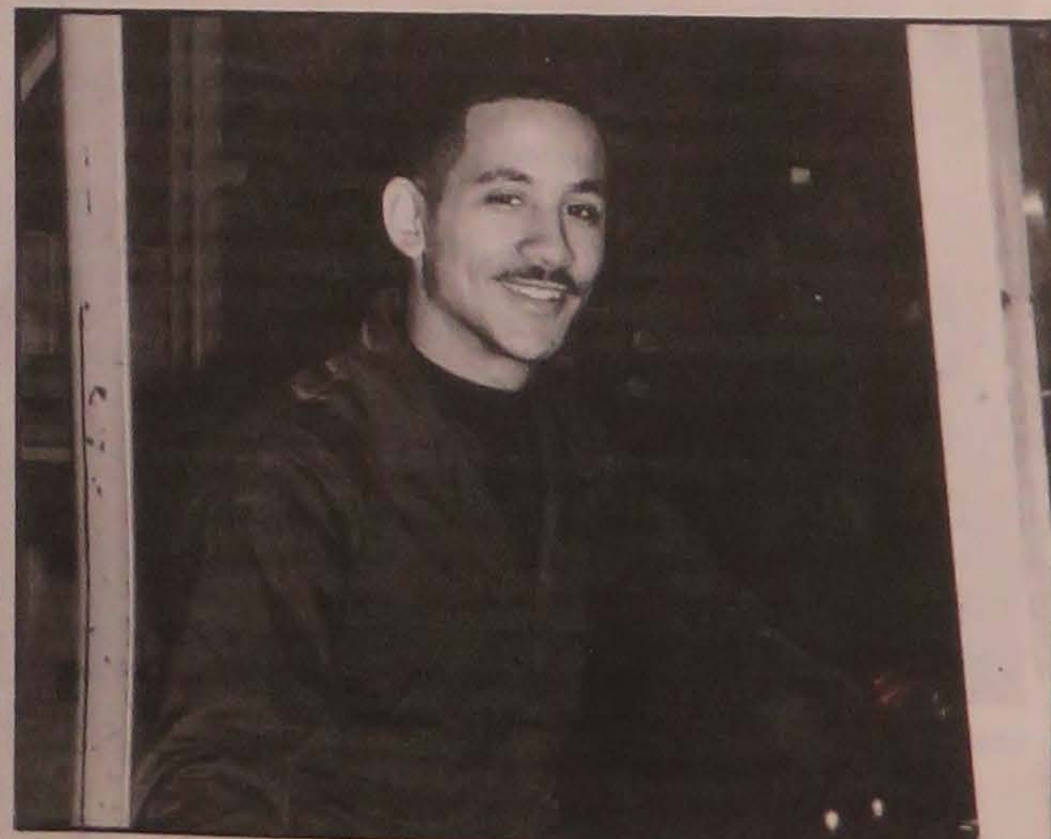
Gutter is among the many reservists recalled to active duty in support of Operation Desert Shield.

Upon the notification of his recall, Gutter said that he vowed to himself that he would "adjust" to this new active duty Navy adventure and "make it work for [him]."

Since that fateful August day, Gutter has not only adjusted, but has proven that his

"demeanor and military bearing are head and shoulder above contemporaries," said T. L. Haley, Head of Materials Management Department. Neatly pressed dungarees and a satisfied expression upon his face exemplify his dedication and positive attitude toward his duties.

Gutter was placed in the Materials Management Department and put in charge of the Bulk Storage Section of Supply, a billet that is normally assigned to senior storekeeper personnel. Haley said that Gutter, "played a key role in the reorganization of materials storage in the warehouse. This resulted in substantial improvement in departmental efficiency."



HN Anthony Gutter flashes a dimpled smile in honor of his recent selection as Sailor of the Month. (Photo by JOC Bob Hansen)



# Naval Hospital Oakl

## Slain civil rights leader remembered at ceremony

Chaplain Herman Kibble, Naval Hospital Oakland's (NHO) Director of Pastoral Care, was guest speaker at a recognition program in the Clinical Assembly January 16 at 1:30 p.m. The program was a tribute to Dr. Martin Luther King who is remembered by all as a giant for social change.

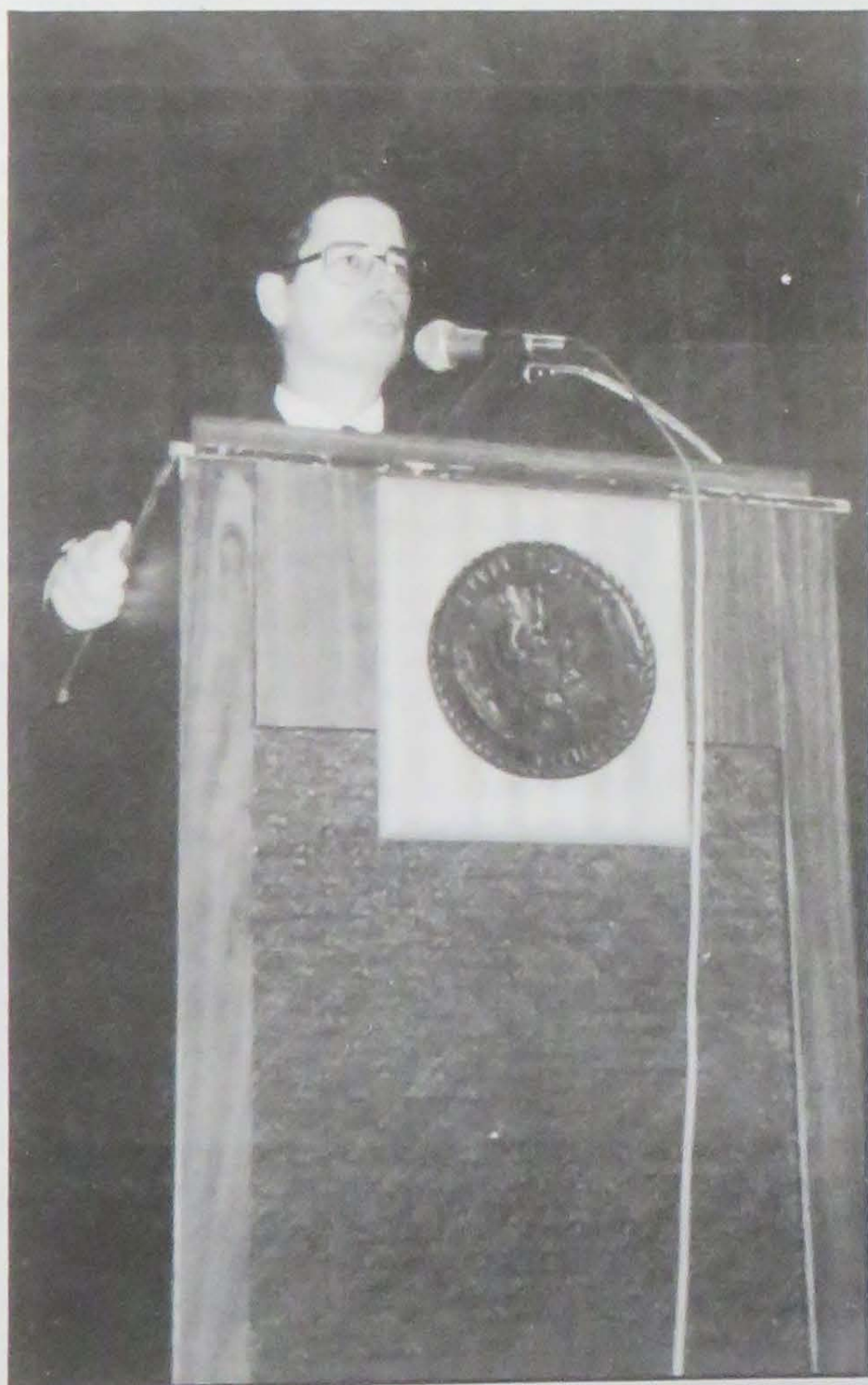
Kibble's memorial focused upon highlights of King's life and work.

King was born on January 15, 1929. He became involved in the Civil Rights struggle in the mid-1950's and continued until his tragic death in 1968 while trying to secure better working conditions for garbage collectors.

King fervently appealed to America's conscience to resolve racial inequality and injustices non-violently. "Non-violence" opened the movement to mod-



Chorus from Oakland's Olive Branch Baptist Church choir sings for a captive audience. Bobbie Da



NHO's Executive Officer, Capt. Noel A. Hyde gives a welcoming speech.



Capt. Herman L. Kibble, NHO's Director of Pastoral Care, pays tribute to Dr. Martin Luther King — Reading from the Scriptures.



(From left) Cdr. Gary with the crowd for

erate and sympat allowing them to blacks' peaceful, b demands for just mate.

The passage of Right Act of 1964 can be linked to civil disobedience. King's birthda

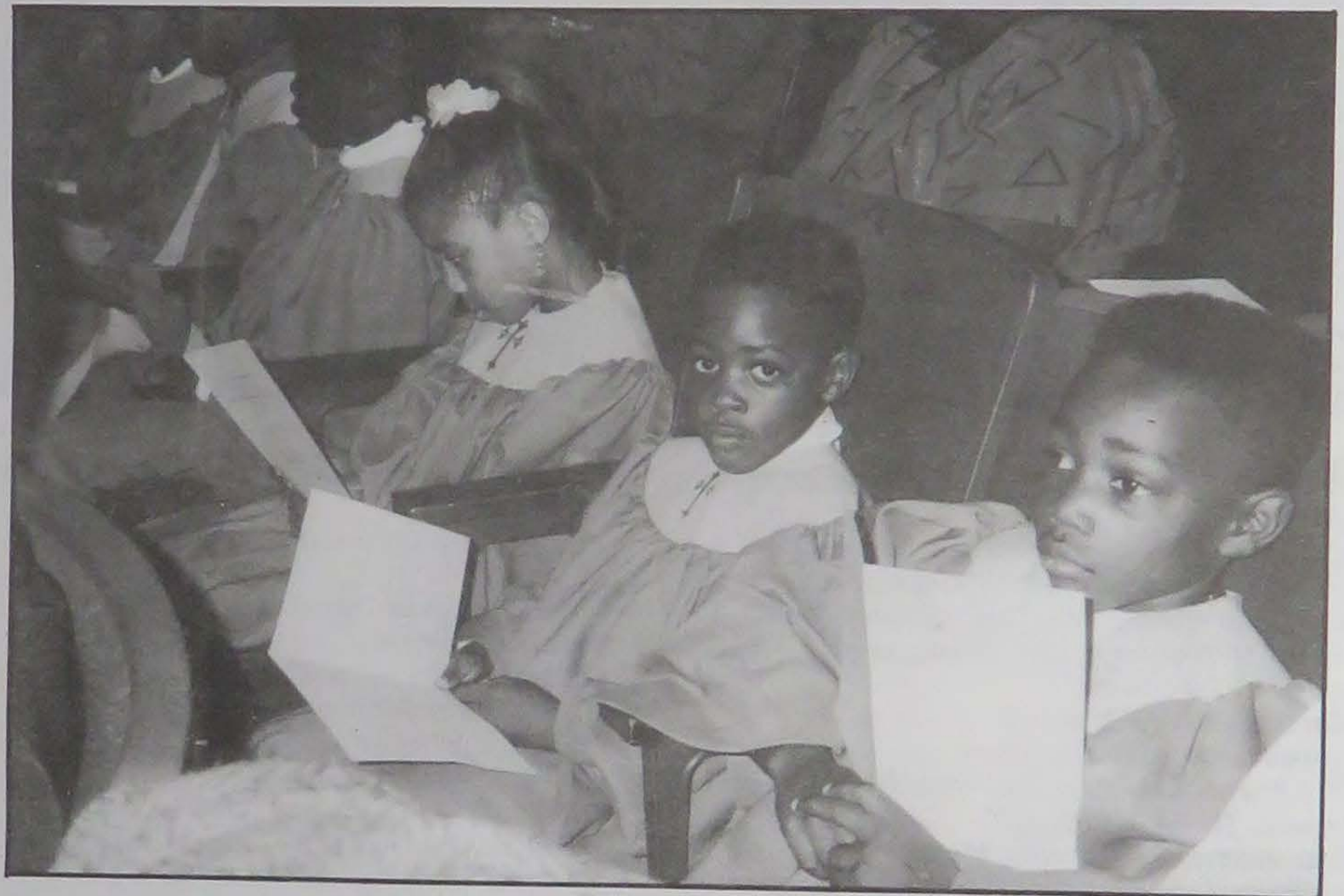


# and honors Dr. King



's Food Services is at the piano.

(Photos by A. Marechal-Workman)



Youthful singers from Olive Branch Baptist Church Choir wait anxiously for their performance.



Capt. Anne Gartner, Stephen Veach, Herman Kibble and Noel Hyde wait to begin.

Submitted by Cdr. Wayne L. Bouck, CHC, USN

## There'll Come A Time

By Sallie Chesham

There will come a time  
When one will stand up,  
Turn about,  
And discover himself.

He will weep bitterly  
For the shabby nonentity,  
The might-have-been;  
Nor cry to Heaven for help,  
For he will find Heaven  
And the Heavenly One within.  
Only this recognition will  
Let him see himself, you see.  
Then, and only then,  
Will he become a must-be.

The grand subordination  
Will begin.  
Himself will be terribly small,  
But there.  
Indisputable fact.  
To grow, and to know.  
Loosed from all trappings  
Of fabrication,  
Ornamentation,  
Tabulation.

And looking about  
He will see another  
Found one,  
His brother,  
And he will speed  
To him.

Breakthrough will come;  
But not in the deed,  
Or the creed,  
Or innumerable words  
Or postures,  
Or pieces of paper.  
They are only formal invitations.

Not so easy as that,  
Or easier.  
A related one knows  
Which blood is thicker  
Than water —  
It reveals Another  
In his brother.  
Reassured,  
Each will go on seeking.

Later, all the brothers  
Will not struggle to build  
A brave new world.

They will live in it.

national holiday in 1985, making him the first Afro-American to be honored. Without his life, it is difficult to imagine what America would be like today in the areas of civil rights, equal opportunity and equal employment opportunity.

Kibble concluded by recommending that we continue to live and work toward making King's dream a reality for men and women throughout the free world.

King will be one of the honorees during Black History Week in February.



# Oak Knoll up-close

*Alma L. Davis*



**Current career area:** Naval Drug Screening Laboratory.

**Your job:** I receive specimens and ensure their integrity by evaluating the packaging, documentation and appearance. I also do a variety of tasks related to receiving, identifying, storing and disposing of specimens.

**Marital status:** Married.

**Spouse:** Rev. Jesse L. Davis.

**Children:** Rev. Andrew Paul Davis, 27; Rev. Jesse L. Davis Jr. 28.

**Hometown:** Centerville, Miss.

**Hobbies:** Organizational fund-raising, collection of arts such as porcelain, crystal, etc.

**Likes:** Deep sea fishing.

**Dislikes:** The insecure economic condition of this country as well as the environmental problems.

**What is the most challenging part of your job?** The absolute accuracy in responding to the preparation of each and every specimen. It is vital that one possess the ability to exercise caution as well as detail.

**What is your immediate goal?** To be the best at whatever I endeavor in my life and in my career.

**What is your long-term goal?** After retirement, I would like to establish a drug rehabilitation facility in the community. I would also like to implement a job skills program as well as provide support systems.

**If I could do it all over again, I'd:** Join the U.S. Navy and further my education in the field of education or nursing.

**I wish I could stop:** The infiltration of drugs into our country. I would also like to find a solution for the homeless problem.

**I respect myself for:** Being a strong African American woman and surviving the restraints and prejudices of this society.

**Role models/heroes:** My parents, Mr. and Mrs. Eli Reese; Dr. Martin Luther King Jr.; John F. Kennedy; Rev. Jessie Jackson.

**Additional comments:** After 24 years of service with the U.S. Navy, I have acquired many job skills that have prepared me for a successful career path.

*LT David R. Lesser, USNR*



**Current career area:** Navy Drug Screening Laboratory.

**Your job:** Supervisory and technical responsibilities.

**Marital status:** Married.

**Spouse:** Barbara.

**Children:** David, 6; Tyler, 3; Jared, 1.

**Hometown:** Johnstown, Pa.

**Hobbies:** Photography, backpacking.

**Likes:** My family and my job.

**Dislikes:** Chronic complainers.

**What is the most challenging part of your job?** The challenge of the entire job.

**What is your immediate goal?** To do the best job possible at work and be a good father at home.

**What is your long-term goal?** A career in the Navy.

**If I could do it all over again, I'd:** Change absolutely nothing. Life's too short to be constantly looking over your shoulder.

**I respect myself for:** The decisions that I've made during my life.

**Role models/heroes:** My father.

**Comment you wish to share:** This is my first tour with the Navy and I love it.

*SK2 Jaime M. Reyes*



**Current career area:** Supply Department/Navy Drug Screening Lab.

**Your job:** I make requisitions for supplies which will be procured through open-purchase, Federal or State sources or the Government Service Administration, requested by various departments or Drug Screening Labs. I also take care of inventory, follow-up outstanding requisitions and re-stock supplies.

**Marital status:** Married.

**Spouse:** Alvina Maza Reyes.

**Children:** Mark, 7; Kimberly, 5; James, 2.

**Hometown:** Bugallon, Pangasinan, Philippines.

**Hobbies:** Watching good movies, swimming.

**Likes:** Honest people with a good sense of humor.

**Dislikes:** Hypocrites.

**What is the most challenging part of your job?** Following up on outstanding supply requisitions.

**What is your long-term goal?** To be in a real-estate business.

**I wish I could stop:** Drug pushers and users.

**I respect myself for:** Being honest, responsible and dependable.

**Role models/heroes:** My father.

## Chaplain's Corner

### Overwhelmed

By Chaplain Steven R. Cakebread, CHC, USNR

If ever the word "overwhelmed" had any significance, it does right now for Naval Hospital Oakland, where everyone is feeling it — from families, to colleagues, to friends. There is so much uncertainty because of *Operation Desert Shield* and the waiting for the January 15 deadline. The knot in the pit of my stomach that I knew in my Vietnam days has returned, caused by an accumulation of fear, anger, courage and a multitude of feelings not easily expressed in words. But while we are waiting, I have some suggestions about what you can do to cope with this feeling of being overwhelmed.

First, get all the rest you can. You party animals, knock it off and hit the sack earlier than usual! Second, for those of us who exercise our spiritual

energy through worship within our own faith groups, by all means, continue. You're going to need that support. Third, be sensitive to each other's emotional needs in the work space. Talking out our fears is important whether or not we've heard it a thousand times before. Pray together, laugh and cry together, play together. Continue participating in the stress seminars and support groups.

In other words, stay loose, but stay close. We are in the business of taking care of people, so let's make sure we do that for ourselves. We are not islands separated from the main. Even those of us who are experts in denial and can cope with great amounts of stress in our lives have limits and need love, need a hug. If ever the need for giving and receiving existed, it does now. God's spirit

and presence is best seen and felt in a community of people who help each other.

You are loved and appreciated more than words can express. I'll start a prayer list and, of course, you can add to it as well: Our Commanding Officer, Rear Admiral David M. Lichtman, and his executive staff who lose sleep and work long hours to make the hospital run effectively, bless you all.

#### Doctors, Nurses, Corpsmen

To our doctors, nurses and corpsmen, for whom there are no arms on the clock, bless you.

God also bless civilian staff, security personnel, the clinics and rehabilitation centers, our school commands and everyone else I've not thought to mention.

May God's grace, peace, and love be with all of you and your families.

1-800-786-0901

Helping families of  
service members  
deployed in

Operation Desert Shield



Family Support  
Network of  
The American Legion



## People, places, events at Oak Knoll



Rear Adm. (Select) Hayden comes home.

When the USS Abraham Lincoln (CVN 72) arrived at its new homeport recently, it was widely touted as a "homecoming" for the Navy's supercarrier. It was also a homecoming of sorts for the Lincoln's Commanding Officer, Rear Adm. (Select) William B. Hayden, who was born at Naval Hospital Oakland (NHO) in the 40s.

"It's great to be back," Hayden said in remarks made while introducing Rear Admiral David M. Lichtman, NHO's Commanding Officer (CO). "It's like a second homecoming for me."

Lichtman welcomed Hayden

and invited him to visit his birthplace at his earliest possible opportunity.

When Hayden came to NHO, he presented Lichtman with a framed photograph of the USS Abraham Lincoln passing under the Golden Gate Bridge and an oversized Lincoln penny as souvenirs of the homecoming.

Not to be outdone, Lichtman presented the Abraham Lincoln's skipper with copies of Hayden's birth certificate and of his mother's admission record — items NHO's CO had uncovered when he researched the hospital archives.



Former HM2 Pam Creighton (left) takes her oath of office as Ensign, Nurse Corps, USN, from Lt. Cdr. William Strand, Medical Corps, USN. Creighton, a former enlisted who is active in her church, took her oath in Saint Joseph's Basilica in Alameda. (Photo by JOC Bob Hansen)



Lt. Cdr. Nancy Erickson (left) presents Capt. June Riddell with a plaque on behalf of NHO nurses. The presentation was made at a reception held in Riddell's honor on the occasion of her transfer from head of Nursing Services to a new job at SFMC. (Photo by JOC Bob Hansen)

## Middle East spotlight

### Mercy Commander is pen pal of school children

By Jamie S. Cackler  
Staff Writer

CONCORD — Maybe it will be six months from now — or if there is a war, a year.

But sometime next year, Cmdr. Ernie Ghent, administrative officer of the U.S. Navy hospital ship Mercy, will sail back into his home port in the Bay Area.

Waiting anxiously for him will be his wife, Marie Ghent, and about 20 children. Not all his, mind you.

Most of the children will be the present third-grade class at St. Agnes Catholic School.

The 7- and 8-year-olds have been exchanging letters with the commander, and now keep an eye on daily news and weather reports so they can keep track of their new friend, Ernie.

On Wednesday, the St. Agnes students got a chance to get more personal when Marie Ghent visited the class, bringing along their fabled cat, "Commander."

She and the children shared stories and pictures with each other.

"I'm praying for him, and I hope they don't stay too long," said Maggie Horn, 8. "I worry about him, that he won't get hurt."

Ghent told the children her husband was deeply touched by the letters and colorful pictures they sent in early Sep-

tember.

He wrote a personal letter back to the children on Sept. 23.

He told the children about the role of his hospital ship, how hot it is in the Persian Gulf and desert area, and how sea snakes crowd around the ship during the night, eating little fish that are attracted to the ship's lights.

Ghent also promised to meet the children when he returns.

#### Tour of the ship

"I would love to visit your school and tell you about my adventures. Then if you would like, I will take you for a tour of the ship," he said.

Finally, the commander asked the students to contact his wife and tell her not to worry about him.

"You can say that you wrote to Ernie and I told you about Commander," he wrote. The cat, he said, "has a few fleas and they only bite me."

During a tea party Wednesday morning, Marie Ghent regaled the children with tales of how she and Ernie met more than 26 years ago, when she was a teenage girl growing up in Marseille, France, and he was a young American sailor visiting the French port city.

"My parents were quite shocked. You know, being in a port town the last thing you



Marie France Ghent smiles happily as she waits for her husband to come home — Cmdr. Ernie Ghent is serving in the Gulf, aboard USNS Mercy.

(Photo by A. Marechal-Workman)

did was go out with a sailor," she said with a chuckle.

The St. Agnes students were impressed that the Ghents have moved 19 times in their 25-year marriage, most recently to San Leandro.

#### Tabby tom cat

But what they most wanted to see and hear about was Commander. Not the naval officer, but his shy orange tabby tomcat.

Now that they are all friends, Ghent and St. Agnes students said they will wait together for their commander to return.

(Courtesy of Contra Costa Times, Concord, CA)

## Ombudsman's Notes

NHO's ombudsmen are more than ever ready to assist families of deployed personnel with command related concerns. As command appointed volunteers, we have a tremendous network of support. We also try to be a solid source of

fact-based information, free of rumors, and invite you to call us for whatever reason — even if all you need is someone to talk to.

We are compiling a phone tree to help communicate information with local depen-

dents, and will appreciate your contacting us if you can join in.

Jane Timoney: 635-3667; Denise Allshouse: 430-8303; Alice Poole: 391-2799; Sandra Carman: 632-7604.

## Public Affairs report

By Capt. Paul Barry,  
USNS Mercy Commanding Officer

ABOARD USNS MERCY — On December 28, civilian reporters visited USNS Mercy (T-AH 19). The reporters represented the *San Diego Union*, *LA Times*, *The Star-Ledger* and *Pacific Stars and Stripes*.

The reporters were given an extensive tour of the ship and medical treatment facility and were afforded the opportunity to interview sailors from the regions they represented. The media met with the ship psychiatrist, the CO and Master Chief and asked such questions as where the ship might go in the event of hostilities, and

how the ship might protect itself, etc. For obvious reasons, the answer to the first question was left unanswered. When you are playing a highly competitive game of chess, it is unwise to reveal your moves.

During their visit, the ship set Condition Emergency due to Iraqi missile tests. The guests were issued gas masks and taken to the ship's Hospital Administration Conference Room during the emergency. The unanticipated free time was used to interview hometown sailors.

The media commented that they were very impressed with the ship's handling of the situation.

### NHO needs your blood

Naval Hospital Oakland's (NHO) Blood Bank is currently working long hours to acquire a designated amount of blood requested by Bureau of Medicine and Surgery.

NHO's Blood Bank Officer, Lt. Jim Thrall, Medical Service Corps, said that the hospital's departments can help on-going blood drives by submitting a list of names of military personnel and government employees, here at Oak Knoll, who are interested in donating blood. The departments could, then, be notified at the time the blood is needed — speeding and simplifying the blood drive process.

Those eligible to donate blood include government employees here at Oak Knoll, active duty military and their dependents. For more information, please contact the Donor Center and ask for Ens. Chris Hite, Medical Service Corps, at 633-6851.



## CRI News

## CHAMPUS Prime helps with deployment

SACRAMENTO — When Foundation Health first offered CHAMPUS Prime under CHAMPUS Reform Initiative, we promised we'd be there when you need us. That promise included crisis times like the Operation Desert Shield deployment.

The initial deployment affected the military treatment facilities (MTFs). To the credit of military reserves, MTF staff and the CHAMPUS Prime program, it did not significantly affect health care services.

Three programs helped offset impacts of the deployment on military families: Health Care Finders, Resource Sharing, and External Partnerships.

Health Care Finders are stationed at CHAMPUS Service Centers within MTFs throughout California and Hawaii. Their job is to help families find needed military or civilian health care. When the USNS Mercy sailed for the Middle East, Foundation was able to bring in more Health Care finders to help people whose care was interrupted.

One important role for the

Health Care finders is to educate families of those deployed about CHAMPUS benefits.

Another program, Resource Sharing, allowed Foundation to bring civilian medical staff into Naval Hospital Oakland (NHO) to replace some of the valuable staff who were deployed. This way CHAMPUS beneficiaries continued to get most of the medical care they needed at local MTFs.

Foundation also helped the military in its effort to arrange an External Partnership Agreement to make up for surgical support staff deployed from Oakland. This agreement allowed NHO's resident physicians to provide surgical services to military and CHAMPUS patients at John Muir Hospital in Walnut Creek.

Questions about CHAMPUS benefits should be directed to the nearest CHAMPUS Service Center in person or by phone. Foundation's toll-free CHAMPUS number is 1-800-242-6788.

## Dental Corner

## Not all holes are cavities

By Cdr. T. J. Olinger, DC, USNR

Cervical erosion is a process by which grooves begin to develop at the outside neck of the tooth just at the gumline. These grooves can sometimes become very deep and can occur close to the tooth's nerve or pulp. Occasionally they can also become quite painful to the touch or to hot and cold temperatures.

There are several factors a dentist must consider when deciding how to treat a tooth with cervical erosion. Sometimes the area will be exquisitely sensitive, but too small to restore. In that case the tooth is best treated with desensitizing agents that fall into three categories: (1) agents that attempt to block the dentinal tubules in the root surface (desensitizing tooth pastes); (2) ionophoresis — a method of electrically desensitizing the tooth; (3) fluorides.

Restoring an area of cervical erosion has also been a serious problem for dentists because a material that will

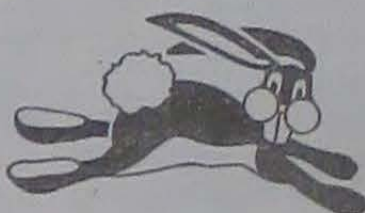
seal the area in an aesthetically pleasing manner has not been available until recently. The problem is that dentin (the root structure of the tooth) is microscopically wet because of open dentinal tubules that leak fluid from the pulp. And, because the surface remains wet, dental materials do not adhere.

This problem may have been resolved by a material called glass ionomer cement — a material which, through the magic of chemistry, will adhere to dentin. By using it in concert with a tooth colored plastic restorative, dentists can produce a very nice looking, long lasting, restoration that feels good!

So who says there's nothing new in dentistry?

NATIONAL CHILDREN'S DENTAL HEALTH MONTH

THERE'S MAGIC IN YOUR SMILE!



## Civilian News

## General schedule pay increase

By Herb Lindemann, Civilian Personnel Officer

Civilian employees in General Schedule (GS) positions at Naval Hospital Oakland and branch medical clinics in the San Francisco/Oakland/San Jose geographic areas will receive an interim geographic adjustment of 8% in salary. This adjustment will be in addition to the national GS pay adjustment of 4.1%, and will be effective with the pay period beginning January 13, 1991.

On December 12, 1990, President Bush signed Executive 12736 establishing the interim geographic adjustments that were authorized by Section 302 of the Federal Employees Pay Comparability Act of 1990.

According to the interim regulations issued by the Office of Personnel Man-

agement (OPM), employees who receive a nationwide or worldwide special salary rate will be entitled to an 8% adjustment in addition to the special salary rate. These include medical officers, engineers, industrial hygienists and physician assistants.

Since local special salary rates are set at a level relative to the local labor market, the interim geographic adjustment for employees receiving such rates will be offset by the amount of special salary rate. In no case, however, will an employee receive less than 8% above his or her GS pay rate.

The statute provides that adjusted rates of pay will be considered basic pay for purposes of computing retirement deductions and benefits, life insurance premiums and benefits and premium pay. The interim

regulations provide that the adjusted rates will also be considered basic pay for the purpose of computing an employee's entitlement to severance pay under Subpart G of Title 5, Code of Federal Regulations.

Finally, the interim regulations prescribe methods for deriving annual, hourly, biweekly and daily adjusted rates of basic pay consistent with the requirements for computing rates of basic pay under 5 U.S.C. 5504.

At the earliest, the pay increase should be reflected in the leave and earning statement for the pay period ending January 26, which will be received on or about February 6.

## Bravo Zulu PMR

By RADM Donald E. Shuler, MSC

Asst. Chief of Logistics, BUMED  
Director, Medical Service Corps.

WASHINGTON, D.C. — Congratulations to Naval Hospital Oakland's Procurement staff for the successful completion of your recent Procurement Management Review (PMR).

Staff of the Naval Regional Contracting Center (NRCC) Detachment Oakland who performed this PMR achieved a satisfactory grade. Outstanding improvements were made in all areas of Procurement Management. Inspectors were very impressed by the Procurement Department's positive attitude and high level of morale.

In addition, special note was made of the leadership provided by Lt. Cdr. Steven Egley, Lt. j.g. Tim Rossell and Kate Buchanan.

Naval Hospital Oakland's improvement reflects dedication and hard work of the entire staff, and is most gratifying. Keep up the good work!

## Computer tips

By Jim Brackman  
Senior Computer Specialist  
Information Resource Center

Last month we talked about the differences between 5-1/4" and 3-1/2" high and low density floppy drives. This month we will discuss the different ways to format diskettes.

To format either a 5-1/4" or 3-1/2" High Density diskette using the MS-DOS format command, place the diskette in the appropriate drive and type **FORMAT A:** or **FORMAT B:** and press the enter key. However, this is not the case if you are using low density diskettes. As an example, to format a 360k diskette in your high density 5-1/4" drive, you

would type **FORMAT A:/T:40/N:9**, which indicates a format of 40 tracks, each with 9 sectors. This example will work if you are using MS-DOS Version 3.2 or later 3.x versions. For DOS 4.0 or later version, the command is **FORMAT A:/F:360**.

To format a 3-1/2" Low Density diskette, the MS-DOS format command is basically issued the same way. You would place the diskette in the appropriate drive and type **FORMAT B:/T:80/N:9**, which indicates a format of 80 tracks, each with 9 sectors. This example will work if you are using MS-DOS Version 3.2 and later 3.x versions. For DOS 4.0 or later version, the command is **FORMAT A:/F:720**.

## Emergency information resources

Cont'd from p. 1

4967; Naval Weapons Station Concord, 246-5592; Western Division, 244-2020 and Naval Station Treasure Island, 395-5013 — all at area code 415. Mare Island Shipyard's PAO can be reached at (707) 646-3537.

If these resources are unable to assist you with your questions or concerns, please call the Naval Base San Francisco's PAO. Their staff will do their best to see that

your questions are answered, or will refer you to a qualified source. Naval Base San Francisco's PAO can be reached at (415) 395-3928.

Navy families should also be aware that during times of emergency, military-unique or otherwise, they may be contacted by members of the media for interviews. Service members and their families can choose whether they wish to speak to the press or not. If you do talk to the press, it is im-

portant to think about what you say before you say it, because everything you say is subject to print or broadcast. Navy family members should remember that while government policies and operations are never discussed, their personal feelings are their own.

Perhaps the best way to determine if you want to speak to the media is to decide if you want to hear what you have said on the 5 O'Clock News.





February 1, 1991  
Oak Knoll Naval Hospital &  
Desert Storm Day



Bravo Zulu RADM  
Lichtman  
2 star select



# RED ROVER

Volume 3, Number 2

Naval Hospital Oakland, Calif. 94627-5000

February, 1991

## HM1 Berry is top enlisted at NHO



HM1 Silas Berry (left) shows the watch the Navy gave to HM3 Robert Emerson (right) as Capt. Richard Imes, MC, of ENT, looks on. The watch was a bonus for Emerson's reenlistment. (Photo by Andree Marechal-Workman)

By Andree Marechal-Workman

Working with people is something that Hospital Corpsman 1st Class Silas Berry likes to do most, and he's so good at it that it earned him the award of Naval Hospital Oakland's (NHO) Sailor of the Year (SOY) for 1990.

Berry, who has been NHO's career counselor since March 1990, was chosen from a group of nine petty officers and three junior enlisted by a Selection Committee who examined the service members' accomplishments in terms of their contributions to the command mission.

"He was clearly head and shoulders above all the candidates," said the Committee's Chairperson, Master Chief Hospital Corpsman Rod Lyons, adding that, for him, it was Berry's consistently outstanding community work that tipped the scale in his favor.

### He touches people

Another committee member, Sr. Chief Dental Technician Jeri McIntosh, agreed with Lyons. "He touches so many people," she said. "In every aspect of his life — work and personal — he steps far beyond his role as a 1st class petty officer."

As an example, McIntosh cited Berry's work with Santa Clara Special Olympics in which he sponsored a child who ran a race using a walker.

"His name is Crispian Rex," said the SOY. "I was his coach, I cheered him on, I was with him every step of the way before, during and after the race."

The third of seven children, Berry joined the Navy in 1978. In the beginning, discipline and organizational conformity were difficult Navy facts of life for the native of Newark, N.J., who said he had a "rocky road the first time through."

### Learned to help others

But, with the help of a role model — "a good chief" he said he had when he was very young, he not only overcame his difficulties, but also learned to use his experiences to help others in his subsequent managerial positions — first as leading petty officer of a company of 50 corpsmen in Okinawa; then, as the career counselor he became at NHO after finishing No. five out of a class of 30 candidates.

The compassion Berry said is the hallmark of his counseling method never flagged, even during these trying times of strife and conflict. In fact, he considers *Operation Desert*

*Shield* deployments as the most challenging aspect of his work.

"I serve as liaison between the Marines in Saudia Arabia and the ships," he explained. "Sometimes I get phone calls three or four times a week, and I have to call [Washington D.C.] to get answers real quick. This is very important because, being 10,000 miles away, these [deployed service members] could be the forgotten people of the hospital."

Berry's immediate goal is to advance to the highest paygrade possible in the Navy within the enlisted ranks because, "enlisted need someone to help them out, especially junior people who need a role model" — the kind of role model he said he had at the beginning of his Navy career, someone he strives to emulate.

Everyone agrees the SOY's well on his way to reach his goals, especially Command (Cont'd. on page 8)

## Dear USNS Mercy families: A letter from the CO

By Capt. Paul Barry,  
CO Med. Treatment Facility

Hello again from the Arabian Gulf! I seem to be making a career out of apologizing for taking so long to write, but, like last time, we've been kind of busy. A lot has happened since my last letter so stand by for a lot of babbling!

We just got through one of our toughest times yet — the holiday season. I'm sure I don't have to tell you that it was very difficult to be away from our friends and families at home. Worse yet, we were at sea and couldn't even call home to say "Happy Holidays, I love you." We did make the most of the season, though. Our new families and friends, the Mercy team, really came through. Despite wanting to be just about any place other than the Arabian Gulf, we all pulled together to help each other through the hard times.

We celebrated Hanukkah with a candle-lighting ceremony in the wardroom. I was very pleased to have the honor of lighting the candles and re-

peating the holiday blessings, but I'm not sure my Hebrew pronunciation was all that great. It was definitely the thought that counted. The Morale, Welfare and Recreation Committee organized a super "Sing Along" on Christmas Eve. Lots of singing and laughing, a jolly good time. Speaking of jolly (see how we cleverly worked that in there?), we even had a visit from Santa, complete with his reindeer and elves. He landed on our flight deck, sleighed his way down our ramp to the mess decks, and handed out presents and candy to all the good boys and girls on board (that means all of us!!). You may have seen some of this on national TV or read about it in USA Today or some other paper because we had a group of reporters on board Christmas Eve and Christmas Day to cover our celebrations.

Christmas religious services were plentiful. The chaplains performed a wonderful, ecumenical candlelight Christmas Eve service on an area we

fondly call "Steel Beach." Later, there was a Catholic midnight mass, and on Christmas Day, both Catholic and Protestant services. The chaplains really worked hard to make it a memorable Christmas, and I think everyone would agree that they were incredibly successful. Even the media said it was a Christmas they would always remember, and they thanked us for letting them be a part of it. Christmas Day ended on an unforgettable gastronomic note. The Food Service Department went all out to prepare a spectacular Christmas dinner with turkey and dressing, ham, roast beef, shrimp, corn on the cob, several types of pies and cakes and lots of other treats. It was a perfect ending to a unique Christmas Day.

The holiday season also brought a flurry of activity aboard the ship. The Secretary of Defense, the Honorable Richard B. Cheney, came for an afternoon. After his tour, he addressed all hands on the mess decks and answered the

usual questions, like "how long are we gonna be here?" Sadly enough, he doesn't know either, but it sure isn't his fault. Blame the turkey to the north of us. A

couple of days after Mr. Cheney's visit, the Commander of the Canadian Forces Middle East, Commodore Sommers, (Cont'd. on page 7)

## Black History Month 1991

The Secretary of the Navy has designated the month of February as Black History Month. This year's theme is "Educating America: Black Universities and Colleges — Strengths and Crises."

Naval Hospital Oakland (NHO) officially marked the observance Wednesday, February 13 in the Clinical Assembly. A standing-room-only

crowd celebrated the occasion, with Weldon Miles, Deputy Equal Employment Opportunity Officer, emphasizing, "these observances are a time to learn about each other's culture", in his introduction.

NHO's Commanding Officer, Rear Admiral David M. Lichtman, stressed his belief that Black History month is (Cont'd. on page 8)



(From left), Rev. Dr. Leroy Johnson and guest speaker, Manuel Perry, Ph.D., converse with Rear Adm. Lichtman and Capt. Hyde as they partake of the African cuisine prepared by NHO's Food Services Dept. (Photo by Andree Marechal-Workman)



**From the Executive Officer**  
**Capt. Noel A. Hyde,**  
**MSC, USN**



We all look forward to resolution of the situation in the Middle East and to welcoming our friends and loved ones home. But, have we stopped to think about how we can best help them when they return? How we can participate in their reassimilation process?

I don't have all the answers, but there's an organization that is working hard to aid and assist returned veterans regardless of their circumstances — the *Disabled American Veterans* (DAV).

I recently had the pleasure of meeting some members of DAV's Oakland Chapter during ceremonies marking *Oak Knoll Naval Hospital and Desert Storm Troop Appreciation Day*, and learned a lot about this most industrious organization.

DAV is dedicated to helping veterans and their families receive all the benefits to which they are entitled. They provide counseling services about compensation, pension, educational and job training programs, health care and more. They also act as legal advocates for veterans and their families and do volunteer work at veterans' hospitals and other medical facilities.

Many of the Oakland Chapter officers were hospitalized at Naval Hospital Oakland during the Vietnam conflict, and they are looking forward to reciprocating for all that NHO did for them in their time of need.

What they have in mind is providing Oak Knoll with assistance to help it with such services as: (1) Giving Oak Knoll on-going support for deployed troops and their families when they return; (2) Helping any prospective hospitalized veterans with any social and/or behavioral readjustment that might be necessary.

To the DAV membership, Oakland Naval Hospital was a special place during their time of need. Today, they want to participate in the tradition that has made Oak Knoll a very special place.

### NMCRS to conduct course

NAS ALAMEDA, Calif. — Margaret Kirkland, Exec. Dir., NMCRS S.F. Bay Auxiliary, will teach the military community about the numerous programs local NMCRS Auxiliary offers. NMCRS policies and procedures will be discussed as well as budgeting techniques, military pay and allowances and opportunities for volunteering.

The course will be offered March 5-8, 9 a.m. to 12 noon in the Naval Station building 135. Spouses, retirees, active-duty personnel and civilians are all encouraged to attend.

Those who volunteer will be heartily welcomed to carry on the tradition that the "Navy and Marine Corps take care of their own."

Call 768-1717 for information.

## OAK KNOLL PERSPECTIVE

**From the Commanding Officer**  
**RADM David M. Lichtman, MC, USN**



Management by walking around (MBWA) is a technique good managers (and leaders) use to keep in touch with their people. For me, MBWA occurs in many forms, including zone inspections, retirement ceremonies, Christmas parties, patient rounds, getting my flu shot, or even performing surgery every Tuesday. MBWA allows me to see first-hand what is happening and how I can help the people at Oak Knoll to do their jobs better.

Managers at *every level* need to do their share of MBWA. Every one should take the opportunity of exploring their spaces and getting to know the people who really make things happen. The crux of MBWA is getting out and speaking with people. Every one should feel free to communicate their ideas with superiors and subordinates. That's what occurs during MBWA.

I'm glad to receive and respond to any input during my MBWA. When I ask "How are things going?" or "What can I do for you?" I always appreciate your candid response. But, don't forget to also use your chain of command. That's how day-to-day issues in your department are best handled and resolved. Also, it gives your supervisor the time to address your concerns, before they are brought to my attention.

## Listening Box

**Q: We need TV's and telephones in the rooms.**

**A:** I have received several "Listening Box" inquiries regarding the removal of the televisions from the patients rooms. We have recently lost the contractor who had been providing our patient television service. I regret any inconvenience, but would like you to know that my staff is working diligently to correct the problem. Last year, we installed a cable system throughout the hospital and in the near future, plan to install a new television system which will provide patient entertainment as well as an educational network.

The telephone issue is more complex and may not be resolved as easily. Our current telephone system involves portable phones on the wards which are heavily used and not always available. Last year, the hospital was the first Navy facility in the Bay Area to install a new telephone system, which was intended to expand into the patient rooms. Despite some administrative and financial constraints, we will continue to pursue this important service for our patients.

I understand how difficult it must be for our patients not only to be dealing with a hospital stay, but to also feel as if their communication network is lacking. I assure you, our continuing efforts to improve the patient's environment will continue until the above concerns are resolved.

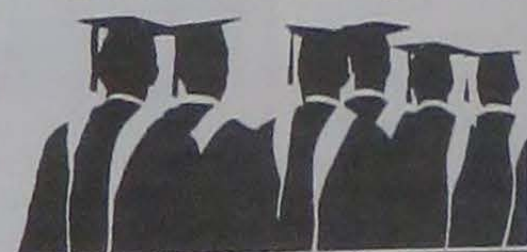
*S/Rear Adm. David M. Lichtman, Commanding Officer*

## Oak Knoll Naval Guild-Sponsored Scholarship

Available to all dependents and military personnel attached to Naval Hospital Oakland and tenant commands.

**Call your career counselor for application and guidance.**

**APPLICATION DEADLINE:**  
**APRIL 18, 1991**



**From the Command**  
**Master Chief HMCM (SS)**  
**Michael L. Stewart, USN**



It's a thankless job — they get phone calls day and night from families who need help. I'm talking about Denise Allshouse, Jane Timoney, Alice Poole, and Sandy Carman — the command ombudsmen — selfless people who are there to provide a shoulder to lean on and an ear for listening to problems. They are unpaid volunteers — they're doing it because they want to help.

I talk with Denise every day. She's a fantastic lady who must have two heads and four arms to be able to do the things she does. Jane, Alice and Sandy are always on the go too — sacrificing their personal time to assist the folks who need help. These ladies do a lot of great things: publish a newsletter, arrange for tickets for special events, organize picnics and host the Wednesday night support group meetings.

There're many more things they would like to do for the people they serve. Right now they're putting together a phone tree so that when there's news they can pass the straight skinny and put to rest the scuttlebutt.

They're there for you and they need your help. As the situation in the Middle East drags on, the phone calls keep coming in and more and more things need to be done for the dependents. If you'd like to help them out, give me a call at 633-5324 or call Denise at 430-8303. They can always use an extra hand.

## Red Rover

**Named after the Navy's first commissioned hospital ship.**

The Red Rover is published monthly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

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Commanding Officer.....	RADM David M. Lichtman
Executive Officer .....	CAPT. Noel H. Hyde
Public Affairs Officer .....	Paul Savercool
Deputy PAO .....	Lonnie Brodie
Editor .....	Andree
Editorial Assistant .....	Marechal-Workman
	HM3 Melinda Bernard



February, 1991

# PMT LPO is January Sailor of the Month



HM1 Martinelli is January Sailor of the Month. (Photo by HM3 Bernard)

By HM3 Melinda Bernard

January's Sailor of the Month, Hospital Corpsman First Class Clarissa L. Martinelli attributes her success to the Navy, which she

asserts has taught her "discipline and dedication." Combined with her personal drive to set and achieve high goals, discipline and dedication have heralded numerous high rewards for Martinelli.

Martinelli, who is Leading Petty Officer of Preventive Medicine, has been selected Sailor of the Quarter at every command she has been attached to — Oak Knoll is her fourth command. Striving to be an outstanding sailor has been one among many of Martinelli's goals.

For the past seven years, she has been successfully balancing at least five demanding

roles every day. Besides being the mother of two children (Marissa 4, Biancha 19 months) — with another one on the way; a dedicated wife to her husband Martin; an outstanding sailor and an exemplary leading petty officer, Martinelli has been striving towards a Bachelor of Science in Environmental Health.

"Martinelli's enthusiasm and dedication are true assets to the Preventive Medicine Department and Naval Hospital Oakland," said Chief Hospital Corpsman Lyndale Sims. "She's been real valuable to us."

Among her many responsi-

bilities is the complex task of monitoring diseases, making recommendations for control procedures and preventing further spread of the diseases. "When she makes recommendations to control the diseases, they are very often accurate and effective and ultimately do the job," said Sims, adding that one of her main specialties is preventing the spread of chicken pox.

Martinelli explains that achieving Sailor of the Month gives her a "little bit more motivation." She says that she hopes to motivate junior people and show them that "the Navy has a lot to offer." Martinelli's

superiors already feel this is a worthwhile goal for her to pursue. According to Sims, "her experience, knowledge and versatility are outstanding examples for her peers and subordinates to emulate."

For Martinelli, achieving Sailor of the Month is one step along the road towards her dream of becoming an "excellent Navy officer." In October she will receive her Bachelor of Science degree and plans to apply for officer candidacy. "I really feel like I'll make an excellent officer, that's been my drive because I enjoy the Navy — I love the Navy so much," she concluded.

## Admission clerk is Civilian of the Quarter

By HM3 Melinda S. Bernard

Every new day at work brings forth new challenges for Civilian of the Quarter, Magdeline Noe, admission clerk for the Admissions Branch at Naval Hospital Oakland. However, regardless of the seemingly impossible amount of work she may have to complete during her shift, she "maintains accuracy and attention to the smallest details" and thrives on completing her tasks before heading home, according to Joan Jackson, Medical Records Technician Supervisor.

For the past ten years, Noe has managed the hospital's daily and monthly census. "Managing the census requires

patience, objectivity, judgment, the ability to interact and work well with others, the ability to work independently without supervision, and a high degree of accuracy and attention to the smallest details," said Jackson. "Noe's possession of these essential traits and characteristics has allowed her to balance the daily and monthly hospital census consistently for over twelve years." According to Jackson, this is a monumental achievement.

Noe's loyalty and dedication for the future of Oakland Naval Hospital is apparent. For example, if when she returns from vacation she finds that the census has been out of balance for a while, she stays

and works an entire weekend until she can unravel the problem. "She has come in on a Saturday and stayed the entire weekend until Monday morning...I've never known anybody else to do that," said Jackson.

In addition, Noe always maintains a cheerful disposition. "Under extreme pressure and in the most trying times, Noe habitually maintains temperance and professional demeanor," said Jackson. "During the admission process, patients normally show signs of impatience, fear and uncertainty; however Noe's humanness and experience always seems to calm the situation — bringing out the best in the patients and herself."



Rear Adm. Lichtman reads the citation Magdaline Noe received for her award as Civilian of the Quarter. (Photo by JOC Bob Hansen)

In over twenty-four years of service, Noe's work has been described as "superior and sustained." According to Jackson, Noe's perfection of the hospital census has allowed her to receive "outstanding awards" for the past ten years.

Although she's heard this before, Jackson would like to say it again, "Congratulations Mrs. Noe, your dedication and concern are impressive and noteworthy. Once again, you've gone beyond what is normally expected."

## Talking about terrorism

By HMCM Thomas C. Noble, USNR

In view of the threats made by Saddam Hussein about launching terrorist attacks at U.S. interests both abroad and within the United States, the terrorist threat becomes more of a concern to all of us. Each individual should know about the efforts they can take to prevent being a target and preventing successful terrorist attacks.

There are more than 50 known international groups or splinter groups that are considered terrorist organizations. Fortunately, most of their activities have occurred outside of the United States. Although this does not rule out an incident, you must keep in mind that there is a low probability that any one individual will be targeted. Most terrorist attacks are indiscriminate attacks intended to create confusion and

fear. Terrorists thrive on publicity and therefore usually advertise their successes loudly.

Terrorists typically target large gatherings of people. Places such as airports, bus stations, restaurants and banks are typical of the targets they have hit in Europe. Some of their most successful attacks have outraged the world. The attack on the Olympics in Munich and the bombing of Pan Am Flight 103 are two examples. The terrorist stock in trade is a quick brutal strike against an unsuspecting target.

Military and government facilities are good publicity targets. If the terrorist can show that they can strike inside a military target, they feel they show that they can strike anywhere. When there is a terrorist threat to a military installation, that facility goes into a "Threat Condition" (THREATCON) posture. There

are four levels of THREATCON. These four levels are progressively tighter of the security of the facility. These levels start at THREATCON Alpha and progress to THREATCON Delta. At each level the security requirement for access and movement on the facility get tighter and more restrictive.

It is important for everyone to recognize that any military facility could be a target. Personnel must be much more conscious of unusual activity and report such activity. It is your job to challenge anyone who is in an inappropriate area and report unusual activity to Security.

Occasionally there have been individuals who have been targets for terrorist acts. These are rare, and are usually aimed at high government or military officials. Most individuals who are subject to terrorist acts make themselves targets of opportunity. The terrorist is there, the individual makes it known they are a military member or a government official and the terrorist takes the

opportunity to strike.

There are three keys to preventing terrorist acts. These are also things that each individual should keep in mind anytime there is a threat to your personal security. First, awareness: Be observant of people and actions around you. Look for suspicious behavior and for things that are unusual. Be aware of packages, luggage, briefcases which are unattended. If you think someone is following you, turn and look at them, so that they know you know they are there. Be suspicious of vehicles which are parked for a long time with persons just sitting in them. If you see a vehicle driving slowly without lights, be concerned. If a package arrives which you do not expect, be cautious, attempt to identify the sender before opening it. If you have a concern, call Security for help. Be suspicious of strangers.

Second, report unusual activity. Don't pass it off as "paranoia" or "being jumpy." Call and report suspicious activity. If you notice a package, briefcase or luggage which

seems to be abandoned, call Security, or the local Police if you are off base. Do not investigate it yourself. Don't think that you are bothering anyone if you call to report these types of incidents. Security and most Police forces would much rather respond to a dozen false alarms than not be called to a bonafide emergency.

Third and probably most important, don't make yourself a target. Don't advertise that you are in the military. Wear a jacket or sweater over your uniform, don't wear your hat while driving and avoid wearing your uniform in public when you are alone. While wearing civilian clothing, don't wear military emblems or devices. When driving, use well lighted streets whenever possible. When you are in your car, keep the doors locked and the windows rolled up. Never pick up hitchhikers. Avoid stopping in dark or deserted spots.

Remember, help is only a telephone call away. Call Security at 633-6077 if you have a concern or a question.



# Oakland Mayor honors NH

(Photos by Lonnie Brooks)



Back during the Korean war

Earl Norwood, amputee quarterback for Oakland Junior College, chats with Oak Knoll patients who watched him lead his team to a 19-0 victory over Modesto [in November, 1956]. Twenty amputees were his guests at the game. (From *The Oak Leaf*, Vol. 19, No. 22, dated February 2, 1956, p. 4)

#### Some 40 years later

Norwood, who lives in Oakland near Oak Knoll, said that

Charles Asbell, a prosthetic designer working at the hospital's Naval Prosthetic Research Laboratory (NPRL), brought the disabled Korean veterans to the game. Capt. James Canty was, then, Chief of NPRL.

According to a story dated February 1 in *The Tribune*, Norwood thought it was disastrous when he stepped on a land mine in 1952. "Four years later," he added, "my name was all over the newspapers for

being the Marine with one leg who made All-American, playing football for Oakland Junior College."

Norwood told his tale on Friday, February 1st, when East Bay disabled veterans filmed messages of reassurance for the troops in the Persian Gulf.

"All you grunts out there, keep at it, and keep safe — 'cause I know what you're going through," he said.



(From left) Leo Wurschmidt, Director, Dept. of Veterans Affairs, Veterans Outreach Center, Oakland, applauds as Joy C. Hyde, Executive Officer, Capt. Noel Hyde, U.S. Navy's MMC Mich...



Tap dancers from the beginning class of Debbie Cabral Dance special number during the ceremony. The number was choreographed by teacher, Ann Lore, wife of VAD's head, Stanton Lore.



VAD member Tony Williams video tapes the proclamation ceremony with his assistant.





# with Official Proclamation

(free Marechal-Workman)



Regional Office, San Francisco, and Wm. Jackson, Team leader, Mayor of Oakland's Office, reads the proclamation to NHO's (right of the podium) joins in the applause.

The Honorable Elihu M. Harris, Mayor of Oakland, Calif., officially proclaimed February 1, 1991, as *Oak Knoll Naval Hospital and Desert Storm Day* at a ceremony held at the Oakland Veteran Memorial Hall, Friday, February 2, 1991. Made on behalf of the citizens of Oakland and the members of the Oakland Disabled American Veterans, the proclamation said: Oak Knoll Naval Hospital, also known as Naval Hospital Oakland (NHO), has treated American war casualties in a superb manner for many years.

Because of the current hos-

tilities in the Persian Gulf, NHO may imminently be required to receive for treatment another generation of American service men and women injured by involvement in *Operation Desert Storm*.

The citizens of Oakland and the more than 1,700 combined members of the Oakland Disabled American Veterans Chapter and its Auxiliary do not want *Desert Storm's* veterans to be shunned or degraded in the city of Oakland.

Therefore, I, Elihu M. Harris, Mayor of the City of Oakland, do hereby proclaim February 1, 1991 as

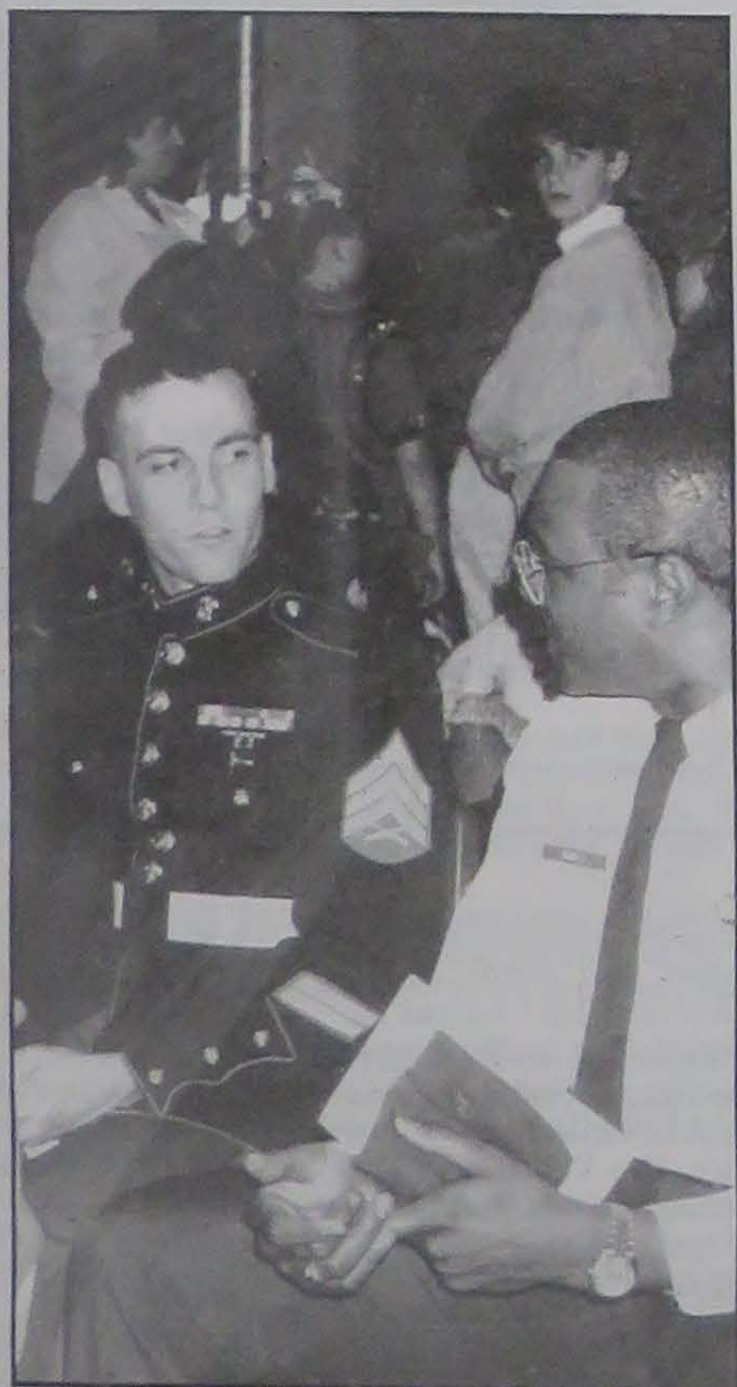
## Oak Knoll Naval Hospital and Desert Storm Troop Appreciation Day

in the city of Oakland, and urge its recognition and participation.

NHO's Executive Officer, Capt. Noel Hyde, Medical Service Corps, was handed the proclamation with pomp and circumstances during a ceremony that included — among other things — virtuoso drills by R.O.T.C. teams from Skyline High School and Montara Junior High School, under the direction of U.S. Army Sgt. Mjr. Fletcher Walker.



R.O.T.C. drill teams from Skyline High School and Montara Jr. High "show off" for a captive audience.



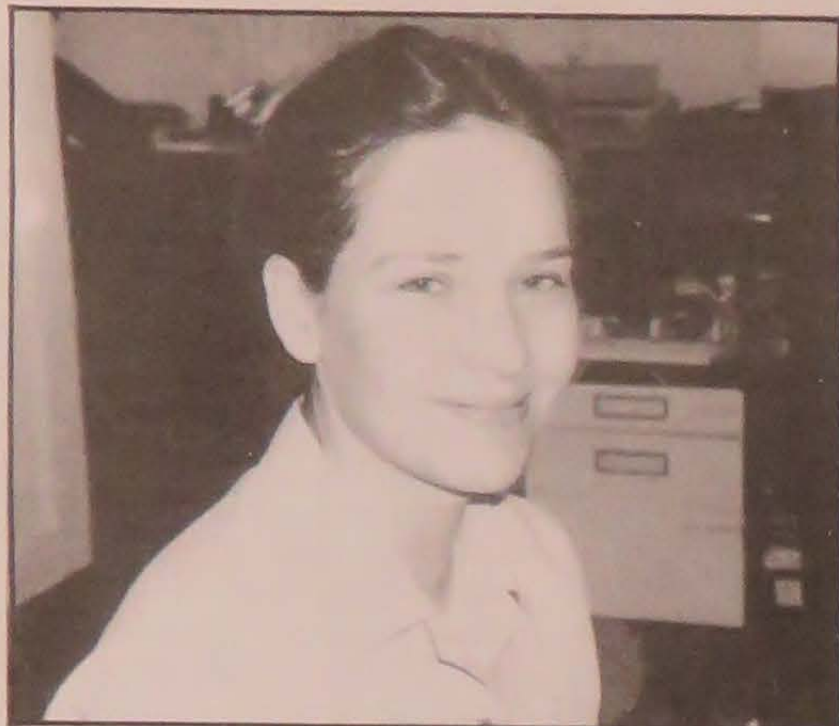
Sgt. John Vincent of the U.S. Marines (left) enjoys a quiet chat with U.S. Air Force Master Sgt. Billy Daniel. Vincent was serving in Beirut at the time the Marine Corps barracks were bombed seven years ago.





# Oak Knoll up-close

**HM2 Cecilia R. Fitzgerald**



**Current career area:** Preventive Medicine.

**Your job:** Sanction inspection at seven bases in the Bay Area; several monthly reports; ship inspections; infection control; immunizations and teaching classes.

**Marital status:** Married.

**Spouse:** Demian

**Hometown:** Navy brat — traveled everywhere.

**Hobbies:** Jazzercise; biking; camping.

**Likes:** Animals; family.

**Dislikes:** War.

**What is the most challenging part of your job?** Know the latest instructions when inspecting facilities so as to forestall managers' attempts to keep from losing face when they don't have up-to-date information.

**What is your immediate goal?** Get a commission in the Navy as soon as possible.

**What is your long-term goal?** Be a good naval officer.

**If I could do it all over again, I:** Would have earned my degree before joining the Navy and come in as an officer.

**I wish I could stop:** Worrying about things that I have no control over.

**Role models/heroes:** My father.

**HMC Lyndale Ray Sims**



**Current career area:** Occupational Health Preventive Medicine.

**Your job:** Leading Chief Petty Officer. Responsible for fleet support of all Preventive Medicine programs and program reviews and support to clinics.

**Marital status:** Married.

**Spouse:** Julie Rhea Sims.

**Children:** Jason Anthony 16; Kristopher Kevin 11.

**Hometown:** Grass Valley, Calif.

**Hobbies:** Song writer and guitarist.

**Likes:** Too many to name.

**Dislikes:** A few of those too.

**What is the most challenging part of your job?** People. My job can't be successful without productive and concerned individuals on my team.

**What is your immediate goal?** To continue learning to write good music with spell-binding lyrics — but the war effort comes first!

**What is your long-term goal?** Retire as soon as possible. Settle down in the setting of a new life style and firm roots.

**I wish I could stop:** I can stop whatever I really want to.

**I respect myself for:** My integrity and my personal sense for right and wrong — no matter what others may think.

**Role models/heroes:** Generals Patton and MacArthur; George Bush.

**ENS ("Terry") O'Reilly, MSC**



**Current career area:** Preventive Medicine — Occupational Health.

**Your job:** Administrative and technical management of various Preventive Medicine programs at NHO. Provide oversight and technical support to fleet and branch medical programs.

**Marital status:** Married.

**Spouse:** Mary Lynn O'Reilly.

**Hometown:** Spokane, Wash.

**Hobbies:** Music, outdoor sports (especially hiking and camping), outdoor photography.

**Likes:** Having an integral part in the growth of my subordinates.

**Dislikes:** Poor communication and catching a cold.

**What is the most challenging part of your job?** Daily application of the "Serenity Prayer."

**What is your immediate goal?** Learn my job as a Navy Environmental Health officer as effectively and as soon as possible.

**What is your long-term goal?** To make a positive impact on Navy Preventive Medicine programs and ultimately on Navy Medicine as a whole via the fine personnel resources within our community.

**If I could do it all over again, I:** Would have purchased IBM stock in the 1970's.

**I wish I could stop:** Iraqi aggression, so the troops could return.

**I respect myself for:** Pursuing and accomplishing professional goals while continuing to set new ones.

**Role models/heroes:** Service members enduring great sacrifices for freedom in the Gulf.

**Comment you wish to share:** My thoughts and prayers are focused on those of our fellow service members in the Gulf. I encourage all to especially remember those who are POW's and their (our) families.

## Chaplain's Corner

**By Cdr A. F. Hearl, CHC, USNR**

Sand is in the news, but for right now THINK SNOW!

It was five degrees below zero — cold! The sky was azure blue and the sun was like a big orange balloon in the sky. Snow was everywhere. It was February in Minnesota, USA.

My six-year old son Davy and I were out for a snowmobile ride. We were in new territory. Someone had blazed a trail through some woods and then straight along a row of pine trees. All at once the trail turned sharply to the right, but a wide open field was straight ahead.

I left the trail and moved toward the wide expanse before us, "Splash!"

I had found a fresh water spring hidden under the snow. Our snowmobile was perched precariously on one side, skis on the slope and the back part underwater.

I pushed Davy up on the bank. Fortunately, I could touch bottom, but was soaked up to my chest. I clambered on to the bank.

Davy had his bright red snowmobile suit on. I sent him for help while I tried to save the machine.

The woods were tall and big, "I can't find my way out Daddy," he said as he came back.

I left him guarding the snowmobile.

I took a "shortcut" to the nearest house, 1/4 mile away at least, and ended up breaking

through hardtop snow up to my thighs.

By the time I made it, my feet were like blocks of ice!

After a quick phone call to friends for help, I waited.

All at once, out of the trees, I saw a red snowmobile suit coming. It was Davy.

Clomping over to him I asked, "How did you find your way out? I thought you couldn't remember the way."

"Aw Dad" he replied, "I was just following your footsteps." **A Heavy Duty Truth!** Wow! Watch what you do and where you go! There are people, children, friends following the footprints of your life.

Check up on where your feet are leading you! Check up on whose footprints you are fol-

lowing! As you journey through the "snows" and "sands" of life, check out the plan God has for those who follow **in His steps.**

Jesus Christ, God in human flesh, said, "Follow me!" I am the Way, the Truth and the Life, no one comes to the Father but by me, (John 14:6). The Poet put it this way:

Isn't it strange that princes and kings and clowns that caper in sawdust rings and com-

mon folks like you and me are the builders of eternity.

To each is given  
A bag of tools  
A shapeless mass  
and a book of rules  
and each must make ere time  
has flown

A stumbling block or a stepping stone.

... through the sands or snows of life.



## People, places, events at Oak Knoll



HMC Michael Stewart (left) enjoys a playful tug of war with Rear Adm. (upper) select David M. Lichtman. (Photo by JOC Bob Hansen)



Rear Adm. Lichtman administers the Oath of Office to Lts. Gregory Gorsuch (left) and Harpreet Singh Brar. The two officers were promoted to the grade of Lt. Cdr. on Feb. 6. (Photo by HNO's Biomed Photo Lab)



Meeting of deployed service members' families with Adm. Lichtman.

Praise for Oak Knoll by the Bureau of Medicine and Surgery and provision for taking care of beneficiaries in the event the hospital receives casualties were among news imparted by Rear Adm. David M. Lichtman, the hospital's commanding officer, when he met with families of deployed personnel January 22.

"We're gearing up for the possibility of receiving casualties at Naval Hospital Oakland (NHO)," Lichtman said. "We may, or may not have enough beds, so we've established a network of civilian beds in the Bay Area as a contingency."

"But, taking care of families is as important as casualties, and we're working very hard to make sure we never have to turn away members of *Desert Shield* families. Even if we have to go CHAMPUS, we'll have superb medical care for them."

He introduced the audience to resource people on his staff, as well as those outside the base, who can help in time of need. Among them were his Executive Officer, Capt. Noel Hyde; Lt. Neil Chang of the Legal Department; Lt. James Burr, Officer-in-charge of the Personnel Support Detachment; Capt. John Kelly, Director of Resources, and Command Master Chief Michael Stewart. The ombudsmen and Fran Brown, Deployment Specialist at Family Service Center, was also on hand to answer questions. (Photo by Andree Marechal-Workman)

## Middle East spotlight

### A letter from the Desert

Let me start by saying how pleased we are with your support of *Operation Desert Shield*. We have a number of medical personnel here at the first Marine Corps Hospital. Our names are Dr. Mike O'Conner, HN Dave Newmark, HN Ron Sanchez, HN Fernando Guzman, HA Ernesto Villa, HA Waldo Roberts, HM2 Cunningham and myself, HN Clint Chruma.

We attached to Medical De-

tachment, Echo Co, 1st FSSG as soon as we deployed (August 12). We have been receiving the "Red Rover" every month and we have received Naval Hospital Oakland T-shirts and coffee mugs. I myself want to express my gratitude and thanks for showing us all of your support and how much we mean to all of you.

And to all the reservists, we know it must be rough on you having to come in and take

over for us on a full time basis. Good luck.

If you would like to write to any of us here, our address is MED DET Echo Co, 1st FSSG, FPO, San Francisco, CA 96608-5709. Thank you again.

S/HN Clint Chruma

**(Editor's Note:** The addresses of Oak Knoll corpsmen are posted on the *Operation Desert Shield's* bulletin board, on the third deck of the hospital. Won't you please take a moment to drop them a line?)

### Ombudsman's Notes

Great things are brewing at the command folks, and now is the time to mark your calendars for a few days of fun and games.

1. The Easter Bunny will visit Naval Hospital Oakland's command picnic on March 23 to take pictures of kids and give away prizes. A "bunny run" will precede the picnic at 8 a.m.

Watch for details in the next issue of *Red Rover*.

Hosted by Navy League and the 1st Class and Chief Petty Officers Associations, the picnic starts at 10 a.m. and is free to All Hands and *Desert Storm's* dependents.

2. Warrior Basketball Team management is making free

tickets available to dependents of *Desert Storm* troops for a game at the end of February. They are also planning a basketball clinic for those same dependents. Anyone interested in either of those two events should contact Denise Allhouse as soon as possible, at 430-8303.

## Letter from USNS Mercy's CO (Cont'd. from p. 1)

stopped by to see the ship and the Canadian members of our family. That was on Christmas Eve. The helo that took him home brought the media reps I had mentioned — CNN, AP, USA Today, CBS Radio and Reuters. They hung around 'til about noon Christmas Day, and the helo that came to pick them up brought in the Navy Chief of Chaplains, RADM Alvin B. Koeneman. He also did the ship's tour, then talked with everyone at an All Hands Admiral's Call. The chopper that came for him (he called it the Holy Helo) didn't bring in anybody else, so we had a brief, very brief rest until the next day. That's when part of the Bob Hope USO *Desert Shield* Tour arrived.

Just before the holidays, we spent about 18 days in Dubai, getting some maintenance work done. It was a good mental health break. We authorized max liberty, so everyone got a chance for some R & R. Dubai turned out to be quite a treat — great shopping, restaurants, sightseeing and beaches!! The best bargains were rugs (yes, many of you are probably the proud new owners of some Persian carpets, whether you know it yet or not), gold jewelry, electronics and fabrics. The Gold Souk (Souk is the Middle Eastern term for market place) was amazing. It looks like an endless stretch of gold shop after gold shop. We arranged a lot of short trips to see the area and had the chance to experience a "Desert Safari."

On a more serious side, the

ship has been staying pretty busy. Since we left Dubai, we've gotten lots of patients from units in the desert. Most of the injured folks have minor sports injuries, which is what we prefer. Of course, we're ready to handle whatever comes our way. To date, we've seen more than 4,000 outpatients, performed over 230 surgeries, filled almost 26,000 prescriptions, treated nearly 500 inpatients and taken more than 5,000 x-rays! We've also received 400 tons of mail (never enough, so keep those cards and letters coming!!).

Training is still a very high priority. In November, some Army folks came aboard to run a course on the Medical Management of Chemical Casualties. Forty Mercy people successfully completed the course which addressed the history of chemical and biological warfare, types of agents and how to protect ourselves from them, and how to care for our patients who may have been exposed to them. The course provided invaluable information.

We also had the chance to really test ourselves and our systems during Exercise Imminent Thunder, a major Navy and Marine Corps exercise off the Saudi-Kuwaiti border. We also just had a full day training stand down, meaning we stopped all work, except for the absolutely necessary stuff, and spent the whole day doing training. It, too, was a huge success.

Lots of people have been

advanced and promoted during the last few weeks — too many to list. We've also presented several good conduct medals as well as letters of commendation and appreciation. Many new members have joined our family, and we expect a big bunch shortly (we think, maybe, rumor has it, we've heard, any day now, etc., etc.), our "third wave" of personnel. Despite some initial concerns about being able to accommodate so many new people, it looks like that won't be a problem. Some of us may be sleeping on cots, but everyone will have his or her own rack!!

Lastly, I want to talk about a subject near and dear to everyone's heart, here and back home — rotation. I'm sure everyone has heard by now that our rotation plans were put on hold; the folks back home who were going to relieve us are now scheduled to augment forces, not replace them. After the big augmentation, there simply won't be enough people left to relieve everyone who's here now. No one knows when rotation plans might be reconsidered or when we might go home. Believe me, this news was very disappointing to everyone, but we know our mission and why we're here. We'll do whatever it takes!

Happy 1991! Please take care of yourselves. We miss our homes, our friends and most especially, our families. You're always in our thoughts, and, God willing, we'll all be home soon.



## Middle East conflict tax questions

WASHINGTON D.C.—The signing of an Executive Order by President George Bush on January 21, 1991 changes the Federal income taxes and filing dates for service members deployed to the Middle East. Specific questions and answers concerning this topic and the designation of a combat zone include:

**Q: What area is designated as the combat zone?**

**A:** White House officials said the following locations including the airspace above: Persian Gulf, Red Sea, Gulf of Oman, Gulf of Aden, the portion of the Arabian Sea above ten degrees north latitude and west of 68 degrees east longitude and the total land areas of Iraq, Kuwait, Saudi Arabia, Oman, Bahrain, Qatar and the United Arab Emirates. Only individuals who are physically located in the combat zone are entitled to the Federal tax filing extension and exemptions.

**Q: What military pay is exempt?**

**A:** For Federal tax purposes, all military pay received by enlisted personnel after January 17, 1991, while serving in the combat zone. The exclusion is limited to \$588.00 a month. The area was designated a combat zone effective January

17.

**Q: I've been in what's now the combat zone since August. Is my pay tax-free for all of that time? I'm an enlisted service member.**

**A:** No, only the portion earned after January 17, 1991.

**Q: What is the automatic extension period granted for filing Federal income taxes?**

**A:** A service member has at least 180 days after leaving the Persian Gulf to file Federal income tax returns for 1990, said Internal Revenue Service officials. No forms need to be filed by the service member or family member to receive the filing extension granted under the Executive Order signed by the President on January 21.

**Q: If family members have questions, who should they contact?**

**A:** IRS officials said information is available by calling the IRS, toll free, 1-800-829-1040, or through local installation tax officers. Individuals located overseas can check with the local embassy or consulate installation officer or the IRS International Tax Assistance officer at 1-202-287-4301.

**Q: What about State taxes?**

**A:** It depends on the state.

### PSD Corner

#### Important information for reservists

1. Per Diem Allowance: Members called to active duty away from home are authorized per diem when the call is required by unusual or emergency circumstances. Entitlement continues for reserve members whose period of active-duty is extended, regardless of the period involved. This does not preclude payment of basic allowance for quarters (BAQ) and variable housing allowance (VHA) if otherwise entitled.

2. Variable housing allowance (VHA):

The National Defense Act for fiscal year 1991 authorized VHA for reservists called to active duty in connection with *Operation Desert Shield* retroactive to the day they were called. Amounts vary based on:

- Location of member's monthly drill/training site.
- Place from which called to active duty (no monthly drill training site).

The following members are not entitled to VHA:

- Unmarried divorced members in receipt of BAQ with dependents

based solely on child support when assigned to government quarters.

- Paygrade E4 (less than 4 years service) or lower when assigned to government quarters.

Documentation required:

- Copy of rental/lease/mortgage agreement, or a certificate from the landlord containing the member(s) name and full rental/lease payment for the residence.
- Copies of the hazard, liability and personal property insurance policy (IES).
- Copy (IES) of real estate tax statement(s) (if not included in the mortgage payment).

Point of contact for reserve pay issues is Disbursing Clerk 1st Class Steve Morlin (Ext. 3 6545).



### Civilian News

## Thrift Saving Plan fact sheet

Listed below is the Thrift Savings Plan Fact Sheet that provides monthly returns for the 12-month period ending November 1990 for the three investment funds: Government Securities Investment Fund (G Fund), the Common Stock Investment Fund (C Fund) and the Fixed Income Index Investment Fund (F Fund).

The C Fund is invested in the Wells Fargo Equity Index Fund which tracks the S&P 500 stock index. The F Fund is invested in the Wells Fargo Bond Index Fund which tracks the Shearson Lehman Brothers Government/Corporate bond index. The G Fund is invested in special issues of U.S. Treasury securities.

The monthly C, F and G Fund returns represent net earnings for the month, after deduction of accrued administrative expenses. The C and F Fund returns also reflect the deduction of trading costs and accrued investment management fees.

The C, F and G Fund monthly returns are dollar-weighted: they reflect net earnings on the changing balances invested during the month. The C, F and G Fund returns for the last twelve months assume, except for the crediting of earnings, unchanging balances (time-weighted) from month to month and assume earnings are compounded on a monthly basis.

The C and F Fund returns vary from the Wells Fargo returns because of C and F Fund expenses and changing balances in the C and F Funds. The Wells Fargo returns are time-weighted: they assume constant dollar balances invested during each month and throughout the period.

Future performance of the three funds will vary and may be significantly different from the returns shown above. See the "Summary of the Thrift Savings Plan" for detailed information about the funds and their investment risks.

Point of contact for further information is Sydney Santos at 415/633-6374.

Months	C Fund	Wells Fargo Equity Index Fund	F Fund	Wells Fargo Bond Index Fund	G Fund
1988 (Feb. - Dec.)*	12.06%	11.88%	3.70%	3.98%	8.06%
1989 (Jan. - Dec.)	31.03%	31.61%	13.89%	14.37%	8.81%
1989					
December	2.37%	2.39%	.16%	.18%	.67%
1990					
January	(6.59)	(6.67)	(1.38)	(1.40)	.68
February	1.26	1.28	.21	.23	.64
March	2.64	2.67	.01	(.01)	.72
April	(2.52)	(2.50)	(.94)	(.93)	.71
May	9.44	9.69	2.80	2.90	.76
June	(.71)	(.70)	1.56	1.61	.71
July	(.36)	(.31)	1.24	1.25	.72
August	(8.65)	(9.04)	(1.42)	(1.47)	.72
September	(4.85)	(4.89)	.81	.80	.73
October	(.46)	(.43)	1.32	1.32	.76
November	6.36	6.45	2.15	2.19	.70
Last 12 Months	(3.49%)	(3.55%)	6.61%	6.77%	8.86%

Percentages in ( ) are negative.

\*C and F Funds commenced January 29, 1988

### HM1 Berry SOY (from p. 1)

Master Chief Michael Stewart, who calls him "a fantastic petty officer and exceptional career counselor."

Berry, who is married to the former Kim Marie Cromartie is vice president of the 1st Class Petty Officers Association. He's also very active in counseling junior people and in promoting command retention, among other things.

### Black History (from p. 1)

not just about events of the past, but rather "about a continuing effort to make changes for the better without forgetting the achievements of those who came before us."

Lichtman said this will probably be his last opportunity to celebrate this event at NHO since he will be leaving soon. He concluded with a quote from Coretta Scott-King's challenge, "First, have respect and dignity for every human being; second, end racial, religious and ethnic prejudice; third, deepen the individual commitment to social and economic justice."

Guest speaker, Manuel Perry, Ph.D., Division Leader of Educational Relations at Livermore National Laboratory, emphasized the need to "educate all of America... to prepare all kids for tomorrow," and said the entire country will have fantastic opportunities.

Perry's focus was upon the local and global opportunities that will evolve over the next ten years. He stressed that the changing global economy will "create new challenges for businesses, needs for new jobs, competent workers and updated skills."

In addition to the speakers, Rev. Dr. Leroy Johnson, a 25 medals-recipient veteran of WWII, Korea and Vietnam, conducted the invocation and benediction.

### Dental Corner

#### How are your children's teeth?

By CDR Gregory Horning, DC

How are your children's teeth? Are you sure they're healthy? Many times dental decay can occur quite rapidly in children and lead to toothaches or even dental abscesses unless treated promptly. If a baby (deciduous) tooth must be extracted early, it can lead to crowded and unsightly permanent teeth and even to problems in chewing for an entire lifetime. Don't let that happen to your youngster!

The Dental Department encourages every service person to take advantage of the recently expanded dental benefits program for dependents, and February — National Children's Dental Health Month — is a great time to do it.

The Uniformed Services Active Duty Dependents Dental Plan (DDP\* DELTA) covers the cost of basic dental care for the dependents of active-duty members of all seven uniformed services. It

is a volunteer program involving a small monthly deduction from pay, and is largely underwritten by the Federal Government. It pays for 100% of semi-annual examinations, cleanings, routine x-rays, sealants and emergency treatment to relieve pain. It also covers 80% of certain restorative and repair services, including silver and plastic fillings. Over 108,000 dental offices in the United States have agreed to participate in this program and even do most paperwork.

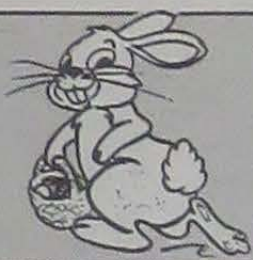
See your health benefits advisor for further details. Make sure your dependents have healthy and happy mouths this month!

THERE'S MAGIC IN YOUR SMILE!





Happy Easter  
March 31



Bravo Zulu DT2 Dionne  
Smith, Sailor of the Month

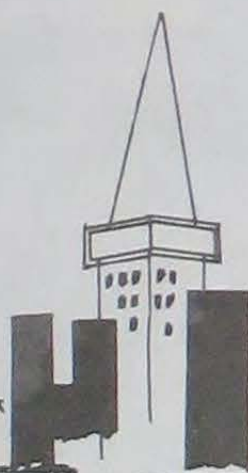
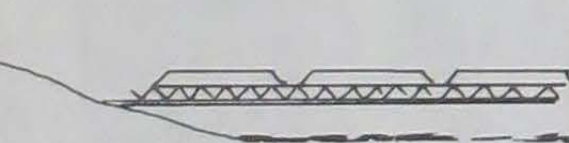
Page 11

Register now with department heads for  
in participation in the live Bob Newheart  
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# RED ROVER

The Navy's first commissioned hospital ship



Volume 3, Number 3

Naval Hospital Oakland, Calif. 94627-5000

March 1991

## Home: How Sweet it is!



HM3 Michael Curtin (Center) hugs his 11-month-old son, Michael, Jr., and his ecstatic wife, Michele. Michael, Jr. was 4 months old when Dad left on the Mercy. More on Mercy's personnel on pages 6 and 7. (Photo by A. Marechal-Workman).

## Paving the way: Progress in Women's history

By HM3 Melinda S.  
Bernard

A generation from now, assuming the aspirations of social reformers come true, women serving in an American crisis will not make the headlines simply because of their gender — half the admirals in the Navy will be women and no one will take a second glance. In essence, the struggles of the last decade of the 20th Century will have rendered the freedom and flexibility that have been the driving forces of social reforms.

The history of Navy women has been "very dramatic," asserts Captain June E. Riddle, Nursing Consultant for the San Francisco Medical Command. Traditionally, women had only to choose from one occupation in the Navy—nursing, she said. But today, "nursing is one profession among multiple professions." In fact, she said it was not until 1944 that Navy women were finally recognized as possessing rank in the military.

Women have undeniably made significant strides. One measure of success of the women's movement is the ease with which it is taken for granted. Few military women today remember the barriers their predecessors encountered when they wanted to join the Navy. Today's young women dismiss old gender stereotypes and limitations. For example, when LT. Renee Lee, an intern here at Oak Knoll, decided to become a doctor, she didn't think twice. "This is what I wanted to be, and my mother always encouraged me to be what I want," said Lee. This belief that women can "be all that we can be" is perhaps the underlying reason for the four-fold increase of women in the military since 1973. Today women make up 11%

of the nation's 2.1 million active duty military personnel.

*Operation Desert Shield / - Storm* introduced a tiny but profound glimpse of the advancement of the women's movement. For the first time in American history "moms" were among the women who were deployed to the war theater to assist in operations. Riddle explained that prior to the deployment, moms were not eligible to participate in wars. "Females could not have dependents under age 18 and serve in the military until after 1973," she said. "In less than 30 years, look how far we've come."

According to recent media reports, this is the first war in which women have served on such a large scale in jobs ranging from pilots transporting supplies and crew, to doctors, mechanics and ground crew chiefs. Eleven per cent of all military personnel who served in the Gulf were women—the same proportion as their overall representation in the U.S. military.

Although women are still not permitted to serve in combat positions, with each war women are performing increasingly critical roles. Finally, U.S. women who joined the armed forces for the same reasons as men: (excitement, travel, patriotism and a chance to acquire skills they couldn't get elsewhere) are able to experience these ambitions.

Captain Maria K. Carroll said it best during an interview prior to her deployment as Director of Nursing Services to the USNS *MERCY* (T-AH 19): "I've never been aboard a ship and I've been waiting 27 years to do that... That's why I joined the Navy—to be a nurse out at sea, an experience not available to civilian nurses."

(Continued on page 12)



**From the Executive Officer**  
**Capt. Noel A. Hyde,**  
**MSC, USN**



Welcome home! That's short, sweet, succinct and to the point. After months of uncertainty we know that our friends and loved ones are on their way home. Those who arrived recently were only the first 'wave' but they reinforced the fact that it's finally over.

I look forward to welcoming the ship and the rest of our family home in the near future. In their absence we have persevered. The reservists have done a superb job and pitched in with those who were left behind to maintain our high level of quality services. The team spirit displayed by everyone, military and civilian alike, was incredible. Our service never suffered. In fact, many of our beneficiaries commented on how pleased they continued to be with the quality of our care.

These past months have been a unique chapter in the history of Oak Knoll. I'm sure we'll always remember them.

To the reservists — thanks for your help! We couldn't have done it without you. It will be sad to see you go and we hope you've made some life-long friendships.

To our returning heroes — it all happened so fast! I'm sorry I didn't have the opportunity to meet everyone before you left. Now I look forward to meeting each and every one of you.

To our civilians and military staff who stayed behind — kudos for a job well done. You played an integral part in the transition and provided the "corporate memory" which helped our reservists transition so efficiently.

Now we're looking forward to new challenges. The Mercy homecoming may well be the world's biggest party. We've run the emotional gamut these last few months but we have a bright future ahead of us. I'm confident that we'll continue to show the nation that we are indeed an important part of the world's greatest Navy.

The President of the United States Proclaims April 5-7, 1991, National Days of Thanksgiving — Watch for the Proclamation in the April issue.



## OAK KNOLL PERSPECTIVE

### From the Commanding Officer

### RADM David M. Lichtman, MC, USN



Oak Knoll is world renowned for providing the highest quality patient care and we are very proud of that fact. One of my clinical department heads recently told me that he judges the quality of his department's work by the low rate of post surgical infections and the successful number of complicated surgeries performed. Both "outcome" rates were better than the national averages. Indeed, these facts correlate well with our recent Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) Survey where Oak Knoll scored in the top 10th percentile of all hospitals in the country.

Patients, on the other hand, judge quality in terms other than "outcome". Very few of the submariner community, for example, knows or cares about the JCAHO. Better than national average mortality and morbidity rates mean little to the Marine lance corporal, or his/her wife, who is sick in the Emergency Room. To them statistics are vague, mysterious, and somewhat threatening. For them, quality is better defined in terms of how satisfied they are with the entire "continuum" of care.

The "continuum," or process of medical care includes "outcome," but it is more encompassing. "Process" involves the patient's perception of the total care they receive. It starts when they are first referred to our facility and ends with post discharge follow-up. If the patient has a bad experience in scheduling an appointment, comes in contact with a rude staff member, or can't comprehend what the doctor is going to do to them, the entire experience is regarded negatively - regardless of the "outcome." Quality will be perceived as poor by the patient, even though they may have received state-of-the-art medical care.

There are many yardsticks for measuring the quality of care that we provide and many inspecting organizations that we must satisfy. But, in the end, there is only one true judge of the quality of our services - and that is our patient.

## Listening Box

**Q:** The elevators are few and far between, have you ever addressed this before?

**A:** I have received a number of inquiries regarding the elevators. This issue has been addressed before and is a constant concern. Oak Knoll has eight elevators. Elevators one through three are passenger elevators and face the south side of the building. Elevators four through six are the service elevators and face the north side of the building. Elevator six is a manned elevator and serves for patient transport and Code-4 emergencies. Elevator seven and eight serve floors one through four and are located in the Outpatient Administration Lobby.

Based on the size of our facility and usage rates, the command has an adequate number of elevators. The problem is that, recently, some have broken down—resulting in a reduced number of elevators available for passengers. They are old, and repair parts often have to be manufactured. This is time-consuming and expensive.

The command is now developing a major elevator renovation project that will totally overhaul our system. The project will take approximately eighteen months, and some of the elevators will be out of service during the renovation. This project should begin in the summer of 1991. Unfortunately, this will not increase the number of elevators and will pose some inconveniences. However it will result in better elevator service for our facility.

*S/Rear Admiral David M. Lichtman, Commanding Officer*

## Fair winds and following seas HMCM Mike Stewart



There are times in every military person's life when they must pack their bags and move on to new challenges. For Command Master Chief Mike Stewart, that time has come.

Stewart, who has served with the Navy in the Bay Area for seven years, is taking up a new job as command master chief at Naval Hospital Bethesda.

His last years at Naval Hospital Oakland (NHO) have been hectic and in a recent interview Stewart recalled memories of those years.

"To pick just one special memory would be impossible," he said, stressing the 1989 earthquake and the Persian Gulf crisis foremost in his mind—how the hospital pulled together in the former instance; how much it hurt to see the USNS MERCY and all his friends leave in the latter.

Stewart said command master chiefs don't have easy jobs. They have to act as advocates for the enlisted personnel and work closely with the senior staff. But he said he feels good about his tour here and attributed most of his success to the command.

"If I've been successful, then the command's been successful," he reflected. "Any credit that I might get is a direct result of the entire command pulling together."

Stewart's career is a long history of success. When asked what gave him his greatest sense of accomplishment, he mentioned being selected for chief with only nine years in the Navy, for master chief, then command master chief as especially notable.

Like any young sailor, even an old mas-

*(Continued on page 11)*

## Red Rover

**Named after the Navy's first commissioned hospital ship.**

The Red Rover is published monthly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

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Editorial Assistant .....	Marechal-Workman
Staff .....	HM3 Melinda Bernard
	JOSA Kyna Kirkpatrick



# ...fighter pilot flies again two years after transplant

*ground surgery 1989 awarded U 1989 NORWESTER MARCH 1991*

ee Marechal-  
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Calif. — Two years  
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r was over, but after  
rgeons at Naval  
Oakland, (NHO) con-  
a new right thumb,  
only back on full  
status — on March 8,

with only one set of con-  
trols...I feel on top of the  
world."  
This was like icing on the  
cake for the expert master  
pilot, who said he got his first  
thrill on January 18 1991  
when "a Naval Aeronautical  
Medical Institute Board of  
flight surgeons voted [him]  
back to flight status as a  
Group I unrestricted aviator  
—" signifying full recovery  
from his injury.

before [full fledged pilots]  
are sent overseas," he  
explained. "I helped train all  
of them. I worked with them  
on the ground and I flew with  
them."  
The 50-year old native of  
Tujunga, Calif., suffered the  
accident at his remote  
Nevada City, Calif. mountain  
home, where he was testing  
the high velocity M-16  
machine gun he "was trying  
to invent."

Translated into Navy fighter  
pilot language, according to  
Satrapa, this means you  
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maneuver the joy stick. In  
short, you simply can't fly a  
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said spelled disaster for him.  
"I am a 1543, retired  
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explained. "If I couldn't fly, I  
would have no job in the  
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Far from being retired, how-

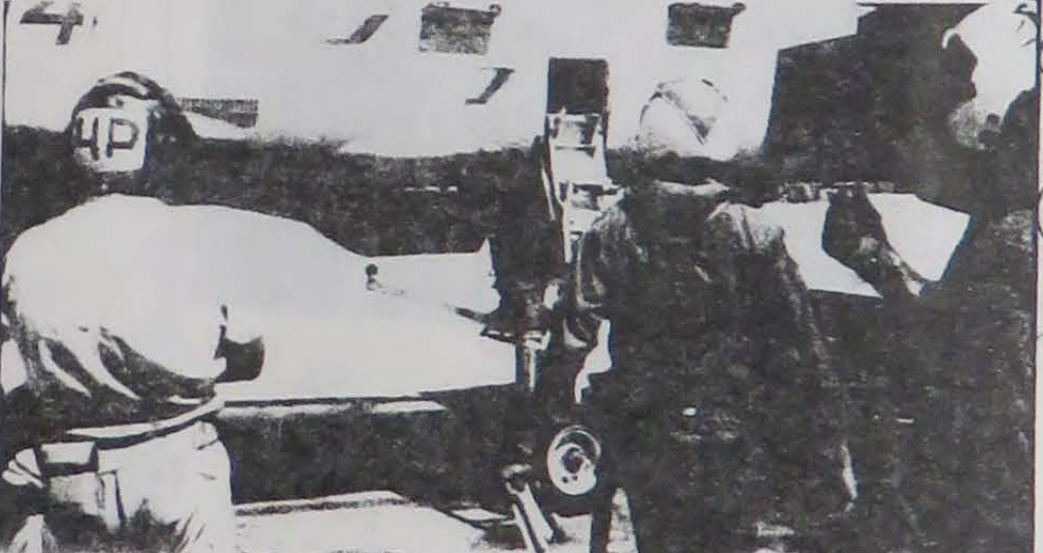
ever, "20 months from injury  
to flight," four operations and  
three months of hand and  
pain therapy later, the deter-  
mined aviator is back in har-  
ness — full of praise for the  
"very professional, caring  
team of energetic individuals  
who seemed tireless in their  
endeavors to give each  
patient his or her best chance  
at recovery."

Satrapa is married to the  
former Pamela Jean Gula.  
The couple have one daugh-  
ter, Kasandra Jo, age 9.

*...the first transplant  
when a fourth gener-  
ation fighter pilot  
was returned to flight  
status after losing  
use of a thumb...*

After spending several  
days at Ralph Davis Medical  
Clinic in San Francisco,  
where doctors performed  
emergency surgery to save  
two of his fingers, he was  
transferred to NHO for the  
historic toe-to-thumb trans-  
plant which, in Satrapa's  
words, turned out to be "the  
first transplant when a  
fourth generation fighter pilot  
— or any jet pilot — was  
returned to flight status [after  
losing use of a thumb]."

The surgery was performed  
by Medical Corps Lt. Cdr  
Randy Culp under the super-  
vision of Dr. Harry J. Buncke  
— a plastic and reconstruc-  
tive microsurgeon at Ralph  
Davies, who has served as a  
civilian consultant at NHO  
for many years, often collabo-  
rating with the hospital's  
commanding officer, Rear



Happy Cdr. Satrapa proudly holds up his right thumb for the  
see. (Photo by A. Marechal-Workman).

made his first F-14  
flight since the accident  
sequent surgery.  
U.S. Navy Cdr.  
F. Satrapa, a 27-year  
pilot, who according  
had flown 162 mis-  
sions in Vietnam — now anx-  
iously awaiting requalification in the  
F-14 to participate in  
operations on Desert Storm.

"Now, I would like to get a  
requalification in the F-14  
Tomcat and get to the Middle  
East before the air war is  
completely over," he said in a  
recent telephone interview  
at the Naval Strike Center in  
Fallon, Nev. where he was  
back on duty.

Fortunately for world  
peace, but unfortunately for  
the "fourth generation" avia-

*This is another example of the long standing  
cooperation between Navy and  
civilian physicians which has  
been the hallmark of Naval  
Hospital Oakland since its commissioning in  
1942.*

*...the first transplant when a fourth generation fighter pilot was returned to flight status after losing use of a thumb...*

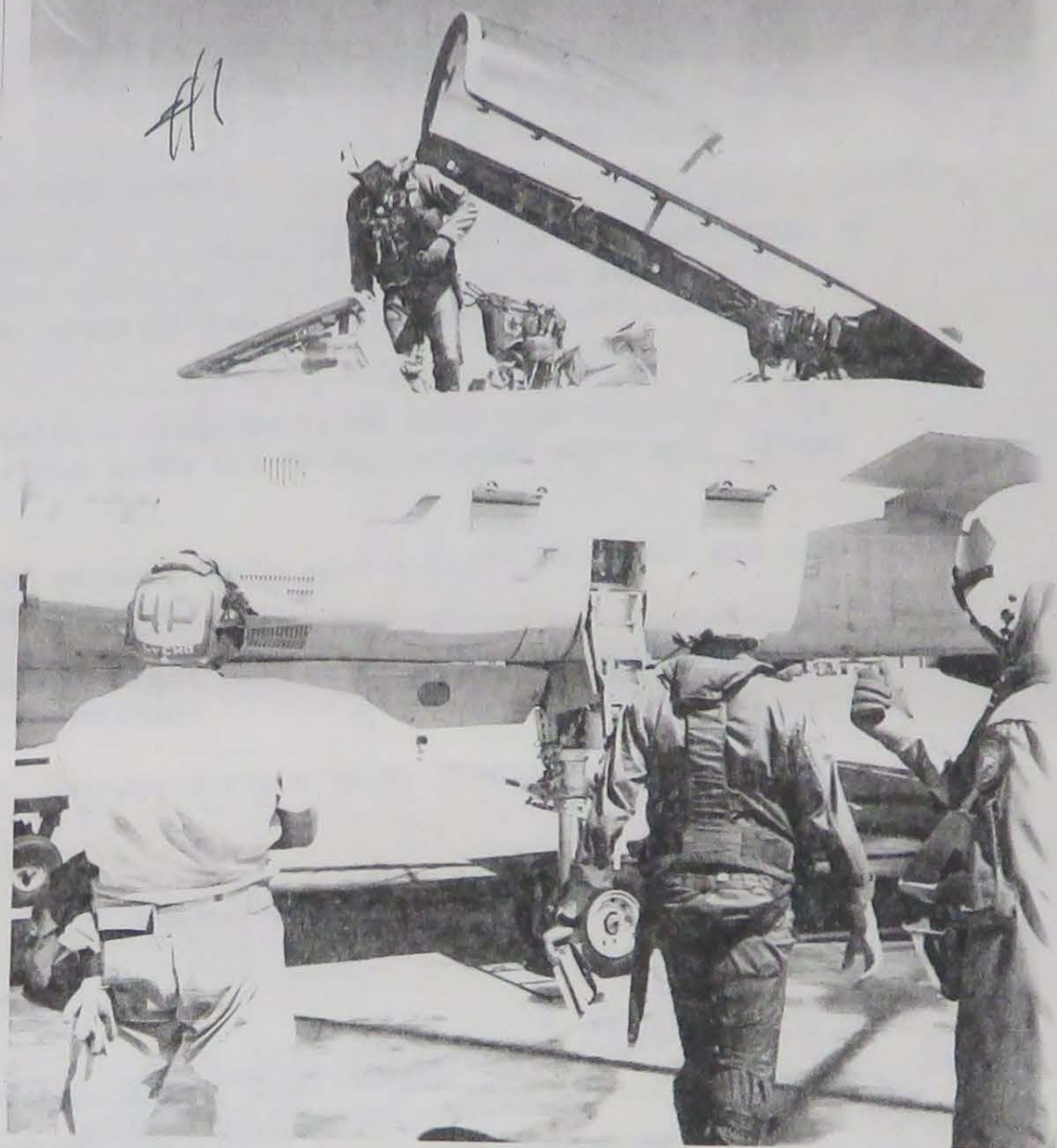


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# CUTLINES FOR SATRAPA STORY

1. Navy microsurgeon, Lt. Cdr. Randy Culp, holds an X-ray of Cdr. Satrapa's right hand before the toe-to-thumb transplant. (Official Navy photo)

2. Navy Dr. <sup>(LCDR)</sup> Randy Culp shows a weary Cdr. Satrapa "before and after" X-rays of his right hand. (Official Navy photo)

3. Hand surgeon Rear Adm. David M. Lichtman gets ready for an examination of Cdr. Satrapa's hand after the transplant. Lichtman, who was standing by during the surgery, is Naval Hospital Oakland's commanding officer. (Official Navy photo)

4. Cdr. Joseph Satrapa is getting ready to climb down from the first F-14 Tomcat fighter plane he's flown since his transplant two years ago. (Photo by A. Marechal-Workman)

5. A very happy Cdr. Satrapa proudly holds up his right thumb for the world to see (Photo by A. Marechal-Workman)

6. Cdr. Joseph Satrapa uses his right hand displaying the reconstructed thumb. (Photo by A. Marechal-Workman)

7. Another close up of Cdr. Satrapa's right hand. (Photo by A. Marechal-Workman)

3. Two Navy airmen monitor the patient after Satrapa's surgery

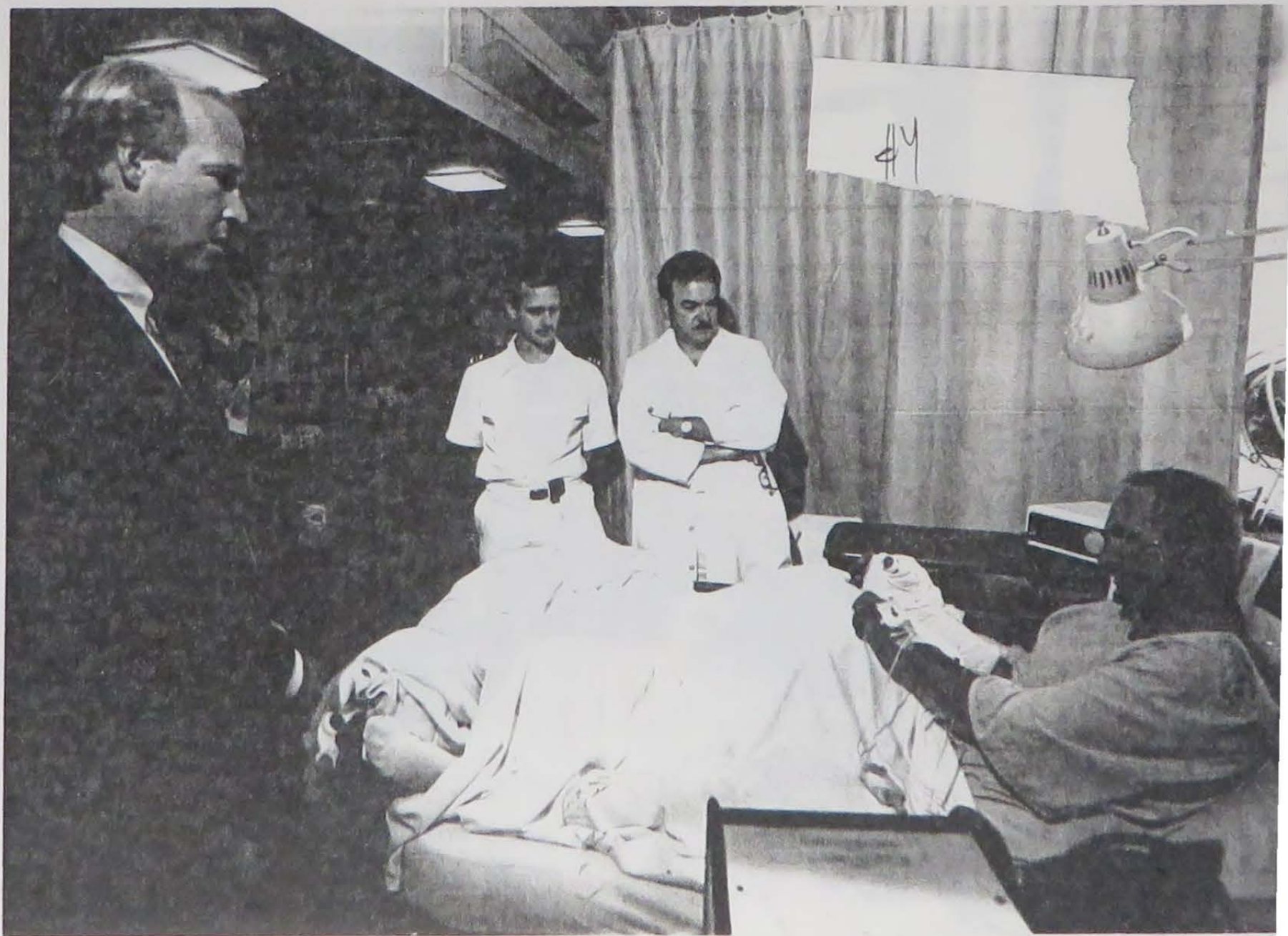
4. ~~A civilian physician from San Francisco's Ralph K. Harris Medical Center discusses the operation with Satrapa while the operating surgeon team discusses the surgery with Satrapa. The Navy - civilian team discusses the surgery with them~~

The good saved timeline is the one under EXHIBIT 1995 Folder - EXHIBIT timeline file

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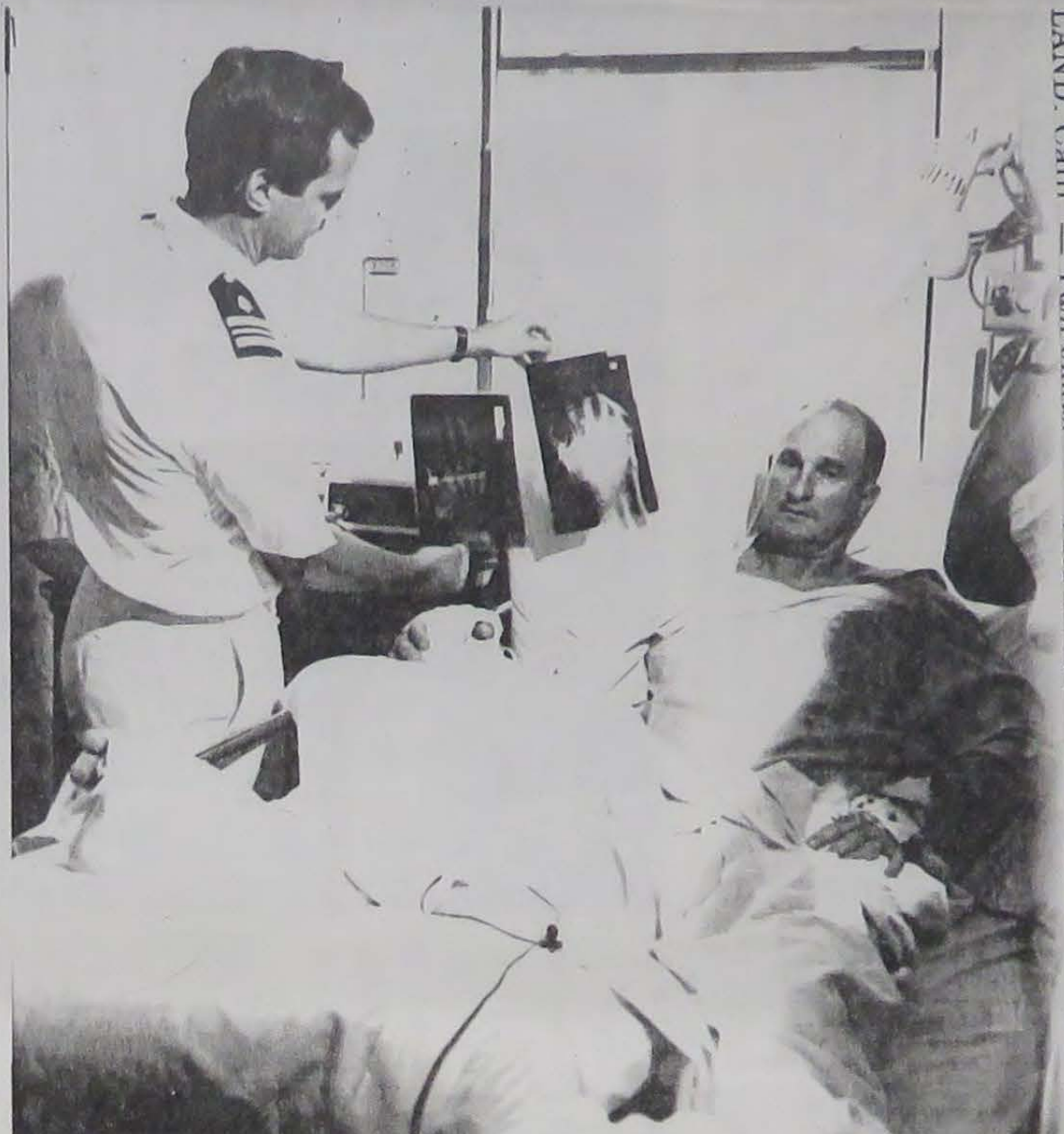
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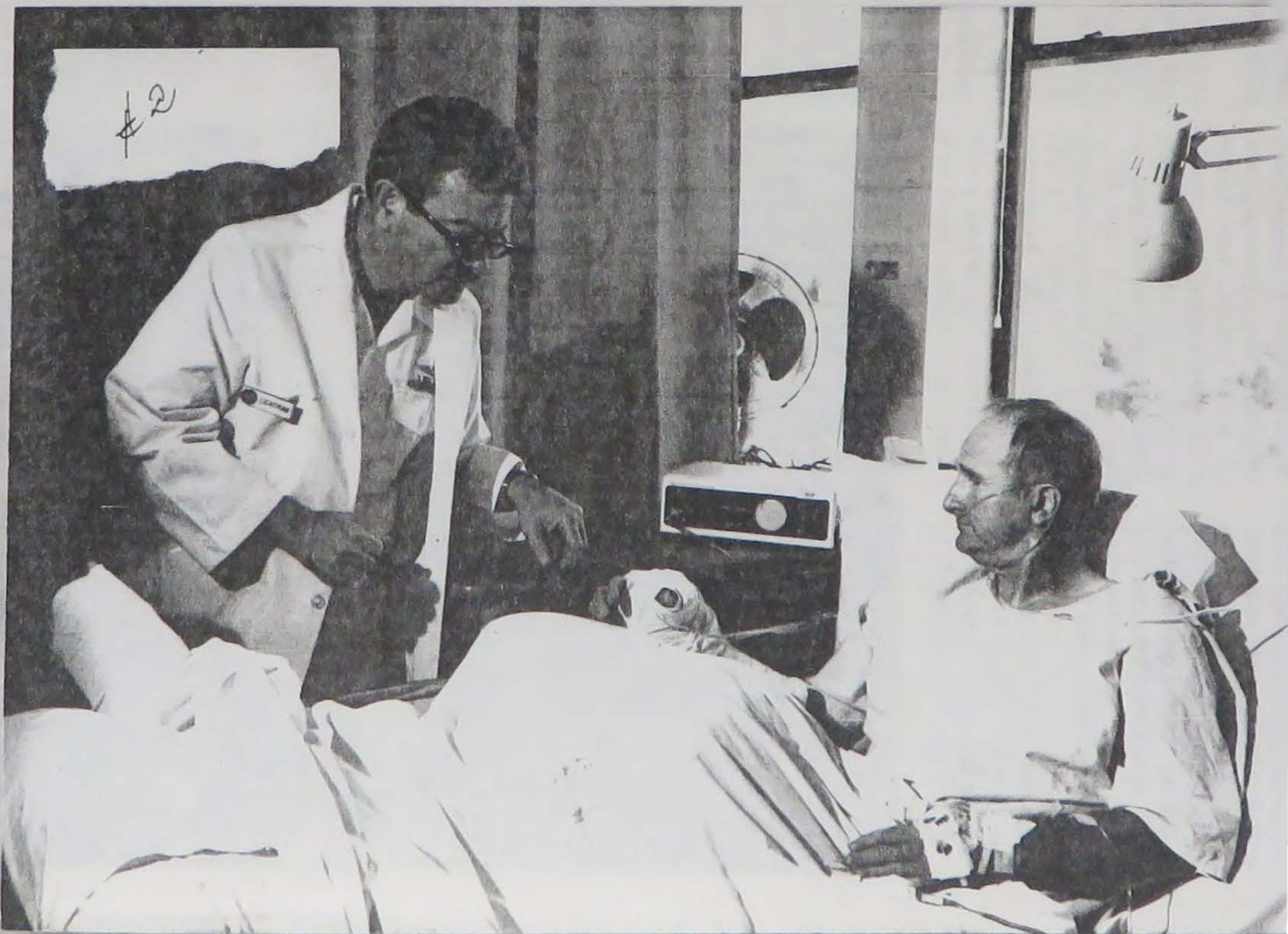


LAND, Calif. — Two va...

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#2





# Navy fighter pilot flies again two years after transplant

By Andree Marechal-Workman

NAVAL HOSPITAL OAKLAND, Calif. — Two years ago his hand was shattered during a weapon-testing accident. He thought his career as a Navy fighter pilot/instructor was over, but after microsurgons at Naval Hospital Oakland (NHO) constructed a new right thumb, he's not only back on full flight status — on March 8,

with only one set of controls...I feel on top of the world."

This was like icing on the cake for the expert master pilot, who said he got his first thrill on January 18 1991 when "a Naval Aeronautical Medical Institute Board of flight surgeons voted [him] back to flight status as a Group I unrestricted aviator —" signifying full recovery from his injury.

before [full fledged pilots] are sent overseas," he explained. "I helped train all of them. I worked with them on the ground and I flew with them."

The 50-year old native of Tujunga, Calif., suffered the accident at his remote Nevada City, Calif. mountain home, where he was testing the high velocity M-16 machine gun he "was trying to invent."

Translated into Navy fighter pilot language, according to Satrapa, this means you can't signal or work appropriate gunnery; nor grasp or maneuver the joy stick. In short, you simply can't fly a plane — a situation which he said spelled disaster for him.

"I am a 1543, retired recalled as an ADO (Aviation Duty Officer)," Satrapa explained. "If I couldn't fly, I would have no job in the Navy and would be retired." Far from being retired, how-

ever, "20 months from injury to flight," four operations and three months of hand and pain therapy later, the determined aviator is back in harness — full of praise for the "very professional, caring team of energetic individuals who seemed tireless in their endeavors to give each patient his or her best chance at recovery."

Satrapa is married to the former Pamela Jean Gula. The couple have one daughter, Kasandra Jo, age 9.



A very happy Cdr. Satrapa proudly holds up his right thumb for the world to see. (Photo by A. Marechal-Workman).

1991 he made his first F-14 solo flight since the accident and subsequent surgery.

He's U.S. Navy Cdr. Joseph F. Satrapa, a 27-year veteran pilot, who according to record, had flown 162 missions in Vietnam — now anxious for requalification in the F-14 Tomcat to participate in Operation Desert Storm.

"You couldn't have caught me at a better time," he said when he returned from his March 8th flight at Miramar Naval Air Station. "It's a very exciting day for me — to be the aircraft commander once more, to fly in the front seat

"Now, I would like to get a requalification in the F-14 Tomcat and get to the Middle East before the air war is completely over," he said in a recent telephone interview at the Naval Strike Center in Fallon, Nev. where he was back on duty.

Fortunately for world peace, but unfortunately for the "fourth generation" aviator, he didn't get his wish entirely. But he did get a chance to help spawn new fighter pilots — including those who fought in the Desert Storm air war.

"Fallon is the last stop

*...the first transplant when a fourth generation fighter pilot was returned to flight status after losing use of a thumb...*

After spending several days at Ralph Davis Medical Clinic in San Francisco, where doctors performed emergency surgery to save two of his fingers, he was transferred to NHO for the historic toe-to-thumb transplant which, in Satrapa's words, turned out to be "the first transplant when a fourth generation fighter pilot — or any jet pilot — was returned to flight status [after losing use of a thumb]."

The surgery was performed by Medical Corps Lt. Cdr. Randy Culp under the supervision of Dr. Harry J. Buncke — a plastic and reconstructive microsurgon at Ralph Davies, who has served as a civilian consultant at NHO for many years, often collaborating with the hospital's commanding officer, Rear Adm. David M. Lichtman, when the latter was chief of the Orthopedic Department in the early 80's.

"If you lose a thumb, you've lost 50 percent of your hand function," explained Culp.



Cdr. Joseph Satrapa is getting ready to climb down from the F14 fighter plane he's just brought back safely home. (Photo by A. Marechal-Workman).

## Medical Corps birthday: Not overlooked

By Andree Marechal-Workman

The Navy Medical Corps (NMC) 216th anniversary may have seemed to go unnoticed this year, falling through the cracks of Operation Desert Storm and the excitement over the return of some of USNS MERCY deployed medical personnel.

But for many at Naval Hospital Oakland (NHO) and its branch medical clinics, the historic March 3rd wasn't overlooked, it was merely put on hold.

"So many things were happening with the Persian Gulf crisis that we put thoughts of

the birthday aside," said Lt. Cdr. Joan H. Cheng, a pediatrician at Branch Medical Clinic Moffett Field. "We were all waiting to hear what was happening over there, and we didn't think about the events back home."

This is not to say that Cheng isn't enthusiastic about her association with Navy Medicine. In fact, she said she's very proud of its accomplishments over the years — how far it has gone; the quality of its health care; its wealth of young, well trained physicians.

"I am also very pleased with Navy Medicine's support

of women," she added, citing its generous policy for pregnancy and maternity leave as an impressive landmark in the Corps' history.

March 3, 1991 marked the official 120th birthday of NMC. According to Medical Historian W. Kenneth Patton of the Bureau of Medicine and Surgery (BUMED), although the first Navy surgeon went to sea in 1775, it was not until March 3, 1871 that an Appropriation Act of the Forty-First Congress of the United States officially recognized a "medical corps" and established it as a staff corps of the Navy.

From an initial complement of just over 200 male medical officers, in keeping pace with the needs of the Navy, NMC has grown into a force of several thousands of men and women who perform more complex roles than that of their civilian counterparts.

"Navy Medicine allows their people to go into areas not open to civilian physicians," Cheng elaborated. "For example, deep sea medicine, tropical medicine, aviation medicine." They can also serve aboard non-combatant ships, as evidenced by the large contingent of (Continued on page 4)



Navy Dr. Joan Cheng gets ready for her appointment with a young patient and his mother. (Photo by A. Marechal-Workman).



# Oak Knoll up-close

**HM3 James R. Heizer**



**Current Career Area:** Alcohol Rehabilitation Department

**Your Job:** Leading petty officer responsible for direct supervision of nursing staff; maintenance of safety/well being of patients. I am also quality assurance coordinator and liaison between nursing staff and medical officer/department head.

**Marital status:** Single

**Hometown:** Morgan Hill, Calif.

**Hobbies:** Sports, fishing, listening to country music.

**Likes:** Being with family and friends.

**Dislikes:** Poor leadership and lack of communication.

**What is the most challenging part of job?**

Time management: maintaining sufficient time to accomplish set tasks and keeping organized.

**What is your immediate goal?** Enjoying and completing my current enlistment, with emphasis on further education.

**What is your long-term goal?** Continue education, obtain a Psychology degree and work towards a degree in adolescent counseling.

**If I could do it over again, I'd:** Have taken better advantage of educational opportunities during my current enlistment.

**I wish I could stop:** The pain of children; when a child suffers, as a society, we all suffer.

**I respect myself for:** Being a hard charger, not giving up and being able to stand up for what I believe is right.

**Role Models/heroes:** My parents, Bob and Barbara North.

**Special Comment:** Welcome home to the crew of the USNS MERCY, congratulations on a job well done and God bless.

**Dorothy L. Laurence**



**Current career area:** Alcohol Rehabilitation Department.

**Your job:** Department secretary responsible for administrative support to maintain standards of quality patient care on in-patient/residential status.

**Marital Status:** Single.

**Children:** Ron Laurence, 2.

**Hometown:** Oakland, Calif.

**Hobbies:** Painting, sculpture, reading, walking, astronomy and horseback riding.

**Likes:** Mountains, sunrise, sunset, harmonious balance of nature, myself.

**Dislikes:** Pretension—people who overstate their importance to humiliate others.

**What is the most challenging part of your job?** Answering questions in an informative manner, keeping the lines of communication open; hearing complaints and responding in an appropriate manner; participating in decisions that are made to keep the department running smoothly.

**What is your immediate goal?** To continue to excel in my job performance and within my life as a caring person.

**What is your long-term goal?** Same as above.

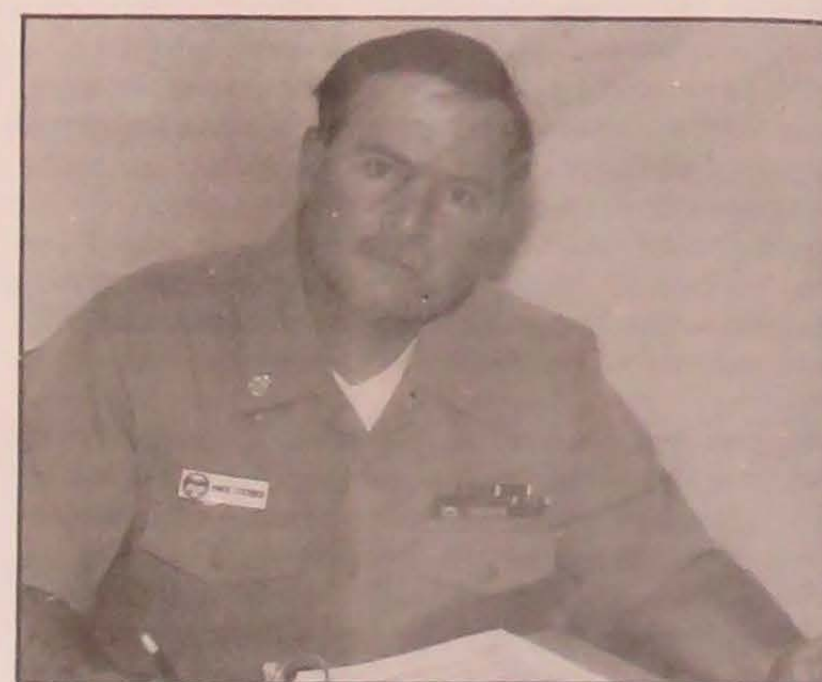
**If I could do it over again, I'd:** Be more tolerant, less bored with people or situations and travel more often.

**I wish I could stop:** People who use cruelty and abuse to control others, either in a personal relationship or in the role of a world leader.

**I respect myself for:** Respecting others, listening, working on self-honesty, showing appreciation, being sincere and caring for family and friends. For my sense of humor.

**Special Comment:** I'm grateful that the troops are back with their families and friends.

**HMCS Dale W. Sterner**



**Current career area:** Alcohol Rehabilitation Department

**Your job:** As an alcohol counselor I assist people in the restoration of their productive, happy and fulfilled lives.

**Marital Status:** Married.

**Wife:** Laura Lee.

**Hometown:** Sandy, Utah.

**Hobbies:** Model railroads, amateur machinist, golf.

**Likes:** Fishing and astronomy.

**Dislikes:** Apathy and the phrase, "Weekend Warrior"

**What is the most challenging part of your job?** Earning the trust of people who are hurting.

**What is your immediate goal?** To effectively contribute to the mission of the Alcohol Rehabilitation Department.

**What is your long-term goal?** To return to civilian life and publish about addictive disease.

**If I could do it over again, I'd:** Take time to stop and smell the roses more often.

**I wish I could stop:** Pain, disease and injustice.

**I respect myself for:** Stopping smoking after 17 years of one and a half packs per day. I have remained smoke-free for two years and one month.

**Role Models/heroes:** B. F. Skinner, PhD.

## Chaplain's Corner

### Come meet Father Chabot

Howdy! I am the newest chaplain on board, a Catholic priest named Father Bruce Chabot. Father Mattie is underway with many of our shipmates on the hospital ship MERCY. Like many of our new friends at Naval Hospital Oakland(NHO), I come from the selected reserve, though I don't really know how long I will be here. C'est la guerre.

If you drop by my office (on the third deck, by the freight

elevators) you may notice Jimmy Buffett music in the background. I'm from Corpus Christi, Texas (the Sparkling City by the Sea), specifically the Cathedral parish. Columbus Ohio was where I went to the Seminary. My background includes chaplain training at Naval Hospital Great Lakes, Naval Air Station Keflavik, Submarine Base Kings Bay, Camp LeJeune and the USS Lexington.

Here, we will continue to have daily Mass at noon in the chapel and plan for Holy Week and Easter. If you are of my faith tradition, perhaps I can help you with Confession or Communion, and please remember, Anointing of the Sick isn't just for the dying—it's for anyone who needs healing of mind and body! Please let us know (633-5561) if you need anything. Many thanks to everyone for being so friendly and welcoming. Don't be a Romulan—stop in and say howdy!

## Medical Corps birthday

(Continued from page 3)

women physicians who were deployed to USNS MERCY (T-AH 19).

"I am very proud of our active-duty and reserve physicians who have been called upon to support the deployment," said Rear Adm. Robert W. Higgins, Chief, Medical Corps at BUMED. "And constantly heartened by those who remained behind to carry out the business of our medical treatment facilities."

"We have once again worked as a team to achieve a common goal: provide the very finest medical care for our forces in harms way, and ease their concerns that the loved ones they have entrusted to our care remain in good hands."

## Transportation

(Continued from page 8)

points to me and says something's wrong...instead, it seems as though they're spoiling me."

According to Transportation Foreman John McCole, the most challenging assignment of the department is to have checked-out vehicles returned on time, with trip tickets filled out completely;



## Desert Storm Spotlight

# USNS Mercy wraps up Operation Desert Storm

By JO1 W. David Melancon

ABOARD THE USNS MERCY (TAH-19)— After welcoming 21 Americans and two Italians held as prisoners of war (POW) by Iraq, the crew of the USNS MERCY began wrapping up their 210-day deployment.

The former POWs boarded the ship for medical evaluation after being released by the Iraqi government. For the many medical specialists and support personnel aboard the MERCY, it was the high point of the deployment after many months of standing by — ready to assist.

"Just to be able to work with these guys for 24 hours

has made seven months of work and training much more worthwhile," said Lt. J.G. Kim Flinn, a Navy nurse deployed to the MERCY from Naval Hospital San Diego, Calif. "It was worthwhile before, but this is the sort of thing we've been here for."

"This justifies our whole reason for being out here," agreed Petty Officer Mark Busam, a Radiology Technologist based at Naval Air Station Moffett Field in California. "The ship has a place in history now... I felt really proud just to be around these people."

The more than 1,200 medical professionals, support personnel and Military Sealift

Command civilians of USNS MERCY spent their deployment in the Arabian Gulf preparing for a massive job they were never called to do. For more than half a year,

*...preparing for a massive job they were never called to do...*

they waited for the many casualties that never came — and they're very, very glad.

"You won't find a crew anywhere that is more delighted to have spent so much time being bored," said Navy Capt.

Paul Barry, Commanding Officer of MERCY's Medical Treatment Facility. "Being bored is a good thing for people in our positions."

Throughout Operation Desert Storm, MERCY didn't receive the large amount of anticipated casualties. Yet, the MERCY crew managed to stay very busy. During the deployment, the MERCY treated more than 6,000 outpatients from sea- and land-based units in the area. More than 280 surgeries were performed, more than 5,500 x-rays were taken and 21,000 laboratory procedures were done.

For many members of the

crew, Operation Desert Storm was their first deployment, and they said it was a chance to learn about the Navy and themselves.

"I've learned a lot out here," said Lt. Trisha Martin, an emergency room nurse based at Naval Hospital Oakland, Calif. "I've learned a lot of medical and surgical procedures I had never seen before."

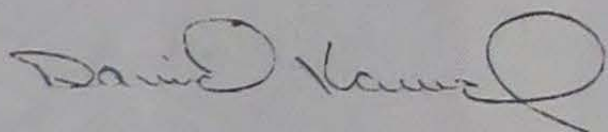
"Most of all, I learned to start from scratch setting up a hospital," the four-year Navy veteran continued. "We started with just a bunch of boxes and a lot of people working together — from that we got a hospital."

March 12, 1991

### Good morning!

My 6th grade classroom has been corresponding with the USNS Mercy (T-AH 19) this year through the Adopt-A-Ship program of the Propeller Club of America. One of the crew members recently sent us a copy of Red Rover. The students found it very interesting because it provided them with a wider perspective in understanding the deployment of the USNS Mercy.

My students would like to let you and the crew of the USNS Mercy know how thankful they are that this fine hospital ship did not have to be tested to its limits during Operation Desert Storm because of the minimal numbers of injuries to allied forces.



David Kowal, Teacher  
Chilton Elementary School  
509 School Court  
Chilton, WI 53014

## Desert stormer get more pay incentives

WASHINGTON (NNS) — Recently the president and Congress approved separate legislative initiatives affecting active-duty service members assigned to combat zones. The initiatives are designed to help ease the financial burden faced by some military personnel assigned to Operation Desert Storm.

The combat zones encompass the Persian Gulf, Red Sea, Gulf of Oman, that portion of the Arabian Sea north of 10 degrees North latitude and west of 68 degrees East longitude, Gulf of Aden and the total land areas of Iraq, Kuwait, Saudi Arabia, Oman, Bahrain, Qatar and the United Arab Emirates.

Enlisted personnel and commissioned warrant officers serving in the designated combat area are exempt from paying federal income taxes on all military pay and

allowances received after Jan. 16, 1991. The first \$500 per month of an officer's pay is also exempt.

Personnel serving in these zones can also participate in a savings deposit program that earns 10 percent interest on their money. Under the program, military personnel can deposit any portion of their monthly net pay and allowances. The savings account pays 10 percent per annum, compounded quarterly, on amounts up to \$10,000. No interest will be paid on excess funds.

Interested personnel can open an account with their local disbursing or finance office. Investments can be made by cash or check, or through allotment. Contributions for January can be paid at the same time as February deposits.

Deposits will remain in the account until the personnel

are permanently reassigned out of the combat zones. Withdrawals can be made in special circumstances. Once out of the combat zone, the depositor will have 120 days to close the account.

A third provision of the legislation frees military personnel from interest and penalties if they are unable to file federal income tax returns by the April 15 deadline. Congress approved legislation permitting Desert Storm personnel to delay filing their returns for up to 180 days after leaving the Persian Gulf area. Extension requests are not required by the IRS for these delayed returns.

## Free tax service for deployed personnel

WALNUT CREEK, Calif. — The CPA firm of Blanding, Boyer and Ryan has offered to prepare, free of charge, federal and California and individual income tax returns for military personnel who are stationed in the Persian Gulf and are residents of Contra Costa, Alameda and Solano Counties — provided the individuals meet all of the following criteria.

- They are a member of

the United States Army, Navy, Marine Corps, Air Force, Coast Guard, or belong to any reserve unit called to active-duty.

- They were stationed at a military base in Contra Costa, Alameda or Solano Counties at the time of departure to serve in the Persian Gulf.

- They were a resident of any of the same three counties at the time they departed

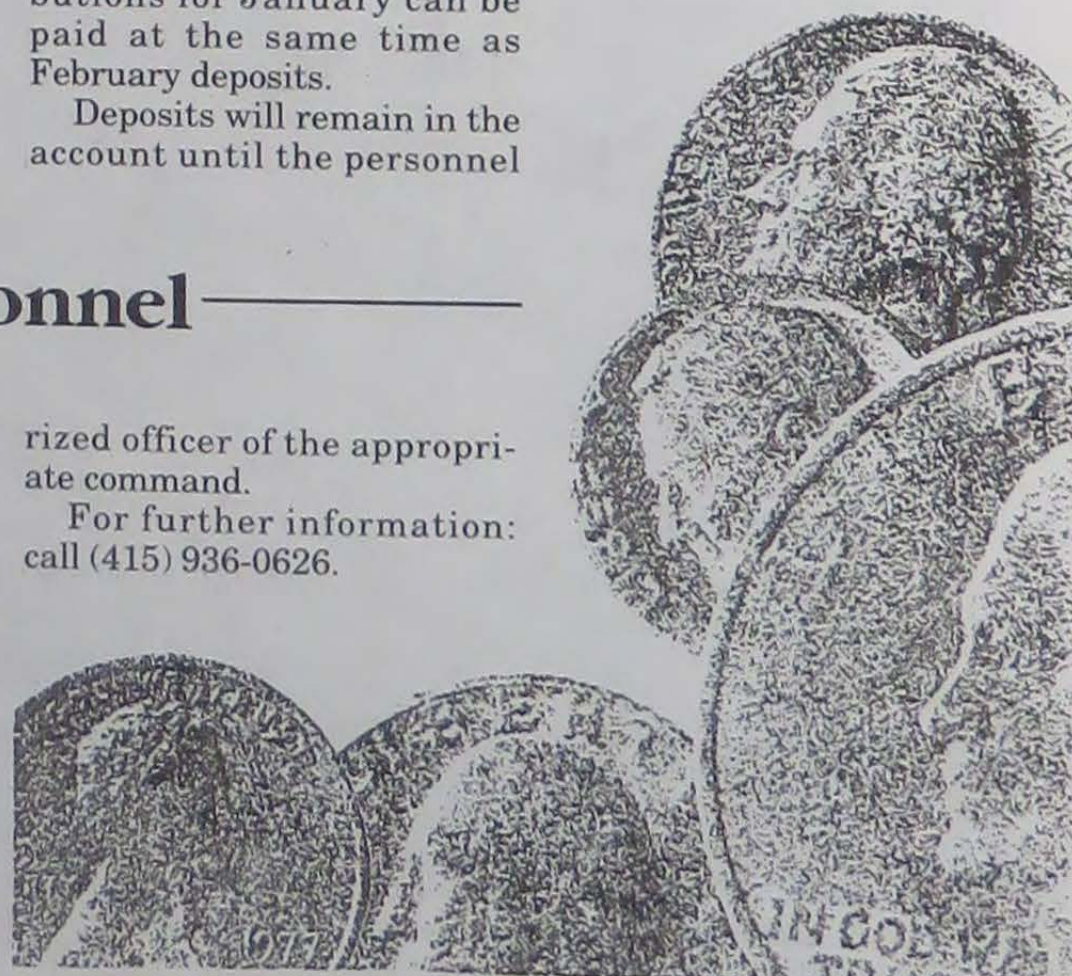
to serve in the Persian Gulf area, as defined in Executive Order 12744, January 21, 1991.

- A spouse, a family member or a trusted friend requests the service by sending in the Tax Return Inquiry Request available at the appropriate command's Public Affairs Office.

- Service in Persian Gulf is substantiated by an autho-

rized officer of the appropriate command.

For further information: call (415) 936-0626.





# They're coming home

Text by HM3



Holding a candle as a symbol of peace, Rachel Chavarria (foreground) hands a bouquet of flowers and an American flag to HN Troy Gutierrez (left) and HN Rodney Wheless. (Photo by JOC Bob Hansen).

After months of waiting, they're coming back in waves. Yellow ribbons were tied around poles, colorful balloons were floating in the air, flags were waving, and everywhere people were exchanging warm hugs, kisses and more hugs. From now until the last troops return, the eager "welcome home" mood will be in the air.

The first troops to return

from the Mercy arrived on the 8th, 9th and 10th of March. "From day one, we were ready to come home," said one of the returnees. "Oh, it's good to be home!" were the first words of others. According to Lt. Claire Brown, a staff nurse who returned with the first wave, support for the troops has been extraordinary from the beginning. "We had so many letters, so many ban-

ners showing support for us . . . care packages from people we didn't even know. That was super . . . we never lacked for anything to eat. We had lots of cookies."

After months of wondering when they would return and what the attitude of the nation would be, now their anxieties can subside. This nation is proud and eagerly waiting for the last of the



The first of 14 buses carrying some 420 returning crew members arrived at the Gym to cheers and applause. They were the first wave home. (Photo by JOC Bob Hansen).



Barry Mullin (left) gives his Navy nurse wife, Lt. Cdr. Barbara, a long awaited kiss. (Photo by A. Marechal-Workman).

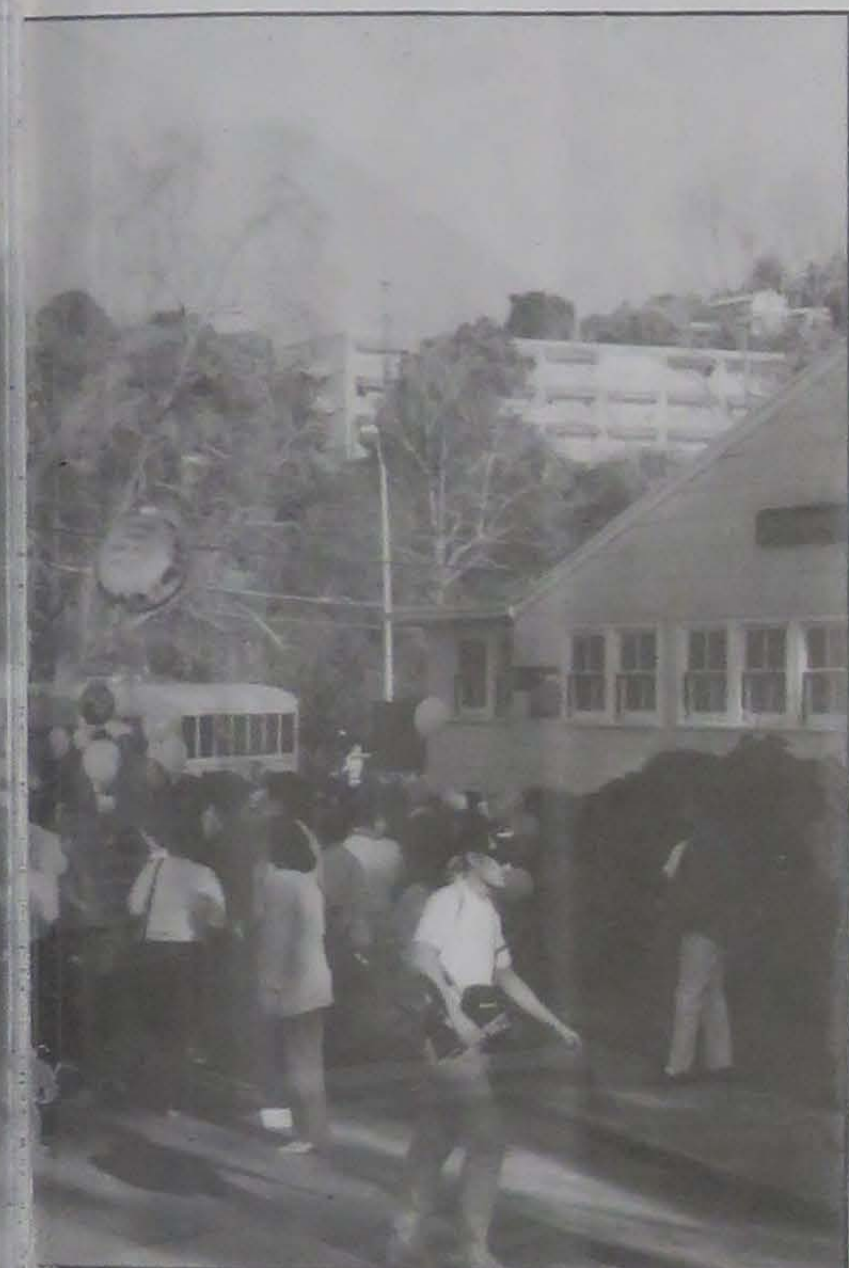


Navy nurse, Lt. Kimberly Slayden, came back on March 8 and was really glad to be home. "From Day 1, we were ready to come home," she exclaimed. "But we learned a lot, got organized, reorganized and coordinated. It was a big logistics kind of thing, a really interesting experience." (Photo by A. Marechal-Workman).



le...

da S. Bernard



from USNS MERCY rounds the corner at the Oak Knoll  
ees, who had arrived earlier at Travis Air Force Base.



avy aesthesiologist, Cdr. Stephen A. Carlson (right) is  
reeted by his very happy family as he gets off a MAC flight  
Travis Air Force Base. (Photo by Robert Lichty).



HN Troy Gutierrez gives a big hug to Rachel Chavarria. (Photo by JOC Bob Hansen).



Waiting for heroes and heroines..... (Photo by JOC Bob Hansen).

troops to return to American soil. Although most of our crew is still aboard the hospital ship, they will be returning home soon. For those of YOU who have returned, "Welcome home — we're glad to have you back." When that huge ship finally pulls into port with the rest of the crew, there will be a celebration that will mark the pages of history as clearly as the "Storm" itself.



Rear Adm. John W. Bitoff, Commander, Naval Base San Francisco (left) and Adm. Robert J. Kelly, Commander-in-Chief, U.S. Pacific Fleet (right), applaud as U. S. Senator John Seymour addresses a captive audience at Oak Knoll. (Photo by JO2 James Berry).



# Security Department is here to help

BY JOC Bob Hansen

We see them everywhere dressed in their distinctive camouflage uniforms, and often don't give them a second thought until we need them. They're part of Naval Hospital Oakland's (NHO) Security Department — a department full of the new faces of the reactivated reservists who are backfilling for Security personnel deployed to USNS MERCY (T-AH 19) in August.

Most notable among the reservists are Hospital Corpsman Master Chief Thomas (T.C.) Noble, Head of Security, and Hospital Corpsman Chief Mike Paterson, Deputy Security Officer and Chief of Police. The latter comes from the California Highway Patrol, and brings with him a wealth of knowledge and experience.

"Security maintains law and order, enforces regulations and provides security against criminal and terrorist activity on base," said Paterson. "We enforce civil law, Navy regulations, the Uniform Code of Military Justice — all appropriate laws."

Because of the Middle East crisis and the threat of terrorism, Security has been strengthened, said Noble.

Paterson agreed and reinforced that the threat of terrorism is taken "very seriously." There are extra security checkpoints around the base, he advised. "And intruders — typically young sailors taking shortcuts — have been caught, and when they're caught, they can find themselves in serious trouble — in some cases, they have been sent to Mast."

Noble said that enforcing traffic laws is top priority for him. "Speeding and running stop signs will get you a ticket," he said. "There are too many blind spots and too many disabled patients who can't move fast."

He added that Security patrolmen use radar and wear orange fluorescent vests for high visibility, but "even so, we could write speeding tickets all day long."

Noble signaled parking as one of the most common problems on base because there are just not enough marked spaces to accommodate the vehicular traffic.

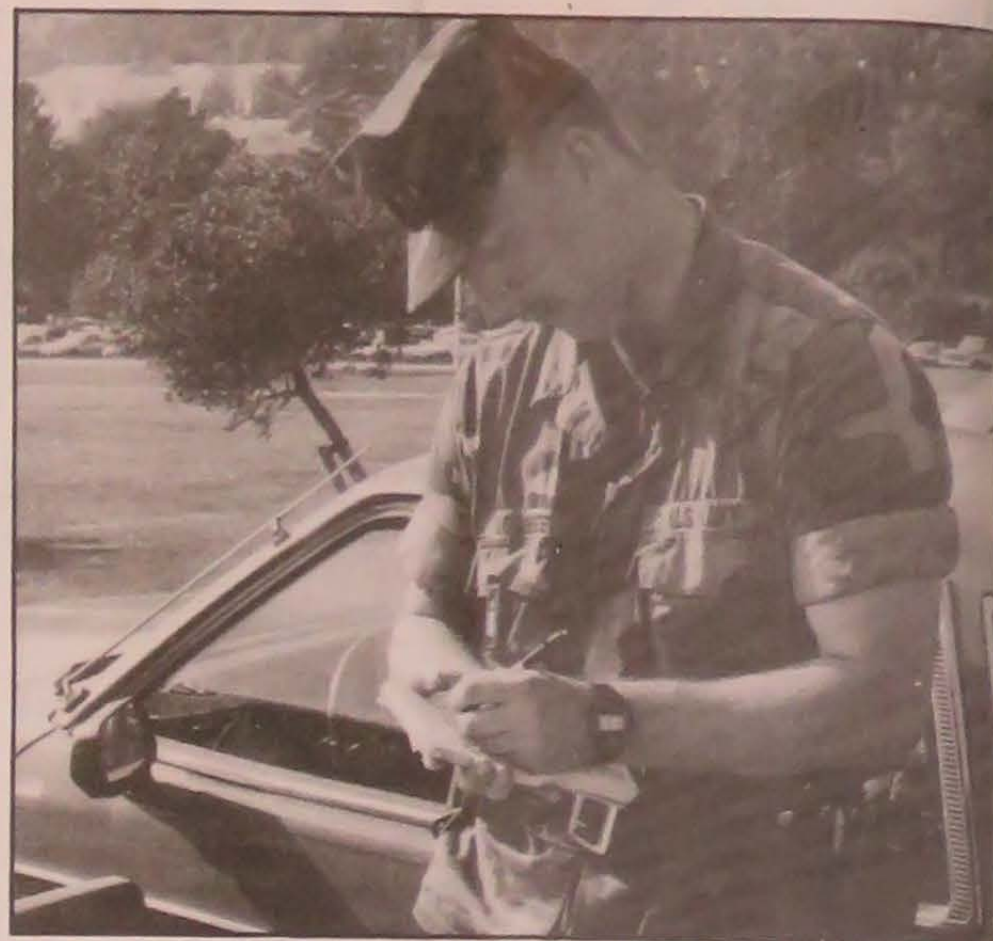
"We average about 3,000 cars on base every work-day, and have counted 1,700 by 10 a.m.," he said — "including staff, patients, vendors and visitors, many of whom want to park close to the hospital. Many of the close-in parking

is reserved for outpatients and senior staff, he observed. This results in about 250 parking tickets a month — a number that could be greatly increased if they had the manpower.

Patrolmen work 13-hour days and, according to Noble, an auxiliary security force made up of volunteers working on their own time, has been established to augment the regular force.

There are many facets to the Security Department. Although patrolmen at the gate are the most visible, many work behind the scene — dispatchers, watch section supervisors, the pass and decal office and all the folks who help with problems and rescues such as starting cars with dead batteries and responding to calls from residents, among others.

In addition to his many duties, Paterson is also in charge of investigations, where his law and order enforcement background comes in handy. "We work closely with Naval Investigative Service and do all of the preliminary investigations of all criminal acts and misdemeanors at NHO," he said — "assault and theft cases, accident investigations."



SN Kevin Robinette issues a citation to a staff member's car parked in one of the outpatient parking lots. (Photo by JOC Bob Hansen).

Noble explained that, in many ways, NHO is like a small town, "with housing, a credit union, a gas station and as store."

According to Paterson, Security on base is doing a great job, and outsiders as well as command people have validated their performance — for example, a security courier and a couple of FBI agents who were challenged at the gate.

Noble attributes much of

the Department's success to the outstanding command support they've had. "The commanding officer and the executive officer have been very supportive," he said. "It's often a thankless job, but we've put together an outstanding Security Department and have every intention of maintaining it."

But the bottom line, he concluded, "is that Security is here to help."

## NHO Red Cross: Service is byword

By JOC Bob Hansen

Randy Ortega is Naval Hospital Oakland's (NHO) new Red Cross Station Manager, and he's done wonders for the station since he reported on board on October 1st.

"When I got here, I inherited 28 volunteers," he said. "We are in the neighborhood of 96 now, but we still need more. Even though some [retired] physicians have volunteered recently, it's still not enough."

He said he's doubling his recruiting efforts and did a needs assessment. "I went to each department to ask how many volunteers they needed, and how long they needed them. I got a job description and, based on four hours a week per person, determined we need 206 volunteers."

A native of the Philippines, Ortega joined the Red Cross at the Subic Bay Naval Station 17 years ago. He has also worked at Tripler Air Force Base in Hawaii and Naval Air Station Lemoore, as well as Letterman Army Medical Center and, once before, NHO.



Randy Ortega, NHO Red Cross Manager. (Photo by JOC Bob Hansen).

"I am glad to be back," he said. "It's good to see so many familiar faces."

The Red Cross manager said he is the only paid staff member. He manages a staff

of volunteers — many of whom have medical backgrounds — who serve as case workers, run information desks, work in the Emergency

(Continued on page 10)

## Transportation: Civilians keep fleet going

By HM3 Melinda S. Bernard

Certainly you've noticed the shiny white Navy vehicles cruising around Oakland Naval Hospital's base. But have you ever stopped to ask yourself, "Who is in charge of that great white fleet?" Tucked behind PSD, far removed from the hospital, is an inconspicuous little white building where all of these vehicles are kept and where the "care takers" go about their daily tasks.

Nine Civil Service employees keep the Transportation Department running. The "great white fleet" consists of 60 vehicles that are loaned out to various departments throughout the command and 14 ambulances and buses.

The department's main mission is to support the command in transportation needs. This entails transporting patients, medical pick-ups and deliveries (x-rays, lab specimens) and providing vehicles for the various departments.

Each day the five transportation drivers average

about 15 runs to various locations throughout the Bay Area (University of California Davis, Treasure Island, Cupertino, Sacramento, Naval Weapons Center Concord, etc.) In addition, the drivers are on call to transport specimens during surgeries or other medical procedures.

Ana Maria Osorio, Transportation Typist/Dispatcher, is responsible for organizing the department's many tasks.

"One of my talents in my job is my patience," asserts Osorio. This is a valuable attribute considering she must juggle many tasks simultaneously. In addition to arranging transportation for patients, filling out trip tickets, communicating with drivers over the CB radio, and performing clerical tasks, Osorio must also interact with customers—something she loves to do best.

When asked how she feels about being the only woman in the department, she replied, "I love it! No one

(Continued on page 4)



# Loose teeth require immediate care

By LT Robert Bouffard,  
DC

Among the dental conditions seen in emergency clinics, lost or loose teeth are among the most common. Lost (or avulsed) teeth result frequently from accidents, fights or other traumatic events. Loose teeth, commonly referred to by dentists as luxated teeth, can result from similar accidents.

Both avulsed teeth and luxated teeth can be signs of underlying periodontal disease, a process leading to the destruction of hard and soft tissue support of the teeth. A luxated tooth or group of

teeth can suggest a more serious fracture of the jawbone, either the maxilla (upper jaw) or mandible (lower jaw). Loose or lost teeth in children can reflect the normal exfoliative process of primary (baby) teeth.

Immediate dental care is extremely important to ensure successful therapy for traumatically avulsed or luxated teeth. The avulsed tooth should be replaced immediately into the socket from where it came if this can be performed relatively comfortably. If this is not an option, the two most important factors to consider are: to keep

the tooth moist and to transport the patient and the tooth immediately to a dental care facility where a dentist may replace the tooth. To eliminate the risk of being swallowed, the avulsed tooth should not be placed in the mouth during transport.

Never place an avulsed tooth in tissue or gauze. Water and saline are more acceptable, but not ideal either. Cold, fresh milk is the most appropriate storage and transport media commonly available. To allow the supporting structures to heal, replanted avulsed teeth and luxated teeth will very often require temporary fixation or splinting.

Another treatment possibility is root canal therapy. These decisions and treatments need to be made by a dentist, after a thorough clinical and radiographic exam that will detect more severe jaw fractures, underlying periodontal disease processes or other pathology.

Children are expected to lose their primary teeth; however they are also commonly the victims of traumatic injury. If it is suspected that a tooth has been traumatically avulsed or luxated, a dentist should be consulted.

When such an accident occurs, whether child or adult, the patient should be expediently transported,

along with the tooth (if avulsed) in acceptable transport media to a dental care facility. Also, as a courtesy and to insure prompt treatment, the facility should be notified of the incident prior to departure.

As with most medical emergencies, prevention is the best treatment. Avoid situations which may lead to injury and seek regular dental care to diagnose and treat underlying conditions.



By LTJG Katherine M.  
Starr, MSC

Nutrition experts have long said that eating more fruit, whole grains, fresh vegetables and beans is important to maintaining a healthy diet.

Along with healthy eating, cutting back on foods high in fat and cholesterol is important. However, when most people cut back on fat and cholesterol intake, foods richest in nutrients such as calcium and iron — milk and red meats — are usually the first items dropped from the grocery list.

The staff at the hospital's Nutrition Clinic want you to know that you don't necessarily have to give up these foods to eat nutritionally — you just need to make a few healthful trade offs. Here are a few suggestions to help bal-

ance your nutrition:

- Switch to skim or one percent milk.

- Choose lean cuts of meat such as round, sirloin, chuck and loin. Serve moderate portions, two to three ounces, twice daily.

- Use small amounts of cheese for flavoring instead of using it as a main ingredient. Buy lowfat cheese with no more than six grams of fat per one ounce serving.

- Go easy on the margarine and vegetable oils. Although they contain healthful unsaturated fats, they're still fats and their calories can add unwanted pounds. Fats contain nine calories per gram. Carbohydrates and proteins contain only four calories per gram. This means fat has more than twice the calories as protein and carbohydrates.

## Test your nutritional knowledge:

- For tasty snacks, choose these: angelfood cake, fresh fruit, fig bars, gingersnaps, plain popcorn, lightly salted pretzels, sherbet and lowfat yogurt.

### Questions:

1. Which has more fat?
  - a. 1 oz. turkey pastrami
  - b. 1 oz. turkey breast
  - c. 1 oz. flank steak
2. Which has more cholesterol?
  - a. 3 oz. beef
  - b. 1/12 piece of 10 inch sponge cake
  - c. 1/8 slice of nine inch lemon meringue pie
3. Which contains cholesterol?
  - a. peanut butter

- b. fish
  - c. vegetable oil
4. Which contains the most fat?
    - a. chicken nuggets
    - b. plain baked potato
    - c. small plain hamburger
  5. Which fat is the most fat (saturated fats raise blood cholesterol levels)?
    - a. butter
    - b. lard
    - c. coconut oil
    - d. palm kernel oil

### Answers

1. (a) Depending on the brand, turkey pastrami can contain up to 60% fat calories. Turkey breast is 18% fat calories and flank steak is 30% fat calories.

2. (b) Sponge cake has the highest amount of cholesterol—164 milligrams. Followed by lemon meringue pie, 98 milligrams and lean beef, 77 milligrams.

3. (b) Only animal products (including fish) contain cholesterol. Plant products do not contain cholesterol (i.e. peanut butter, vegetable oils).

4. (a) Chicken nuggets that are fried contain about 59% fat calories. A plain baked potato is virtually fat-free and a small hamburger has about 35% fat calories.

5. (c) Coconut oil is the most saturated fat—92%, followed by palm kernel oil—86%, butter—66%, and lard 41—41%.

## Attention Red Rover contributors

Do yourself and your friendly editor a favor! Send us the floppy discs on which you type your stories in addition to the hard copies. Because the editorial staff works under pressure of deadlines, this will help the proofreader make the appropriate stylistic changes without having to retype the entire text.

It will also increase the odds of your story being published in a timely manner, since it takes only a few min-

utes to enter and print the corrected copy directly on the computer.

Finally, it will save the Navy and taxpayers money by reducing typesetting cost at time of publication.

We have both Enable and Word Perfect capability. Please call if you have any questions. Point of contact for further information is HM3 Melinda Bernard or JOSA Kyna Kirkpatrick at AV 828-5918 or COMM (415) 633-5918.

### PSD Corner

## What every servicemember should know

- **Single BAQ/VHA for reservists.**

Reservists in paygrade E4 or above with over four years service, with no dependents, who reside in the BEQ/BOQ are entitled to single BAQ/VHA for the first 90 days of active duty. This entitlement stops on the 91st day of active-duty.

- **Dependent ID card information.**

Q: What documentation is required? A: Normally, the sponsor must obtain a verified application (DD

Form 1172) from the servicing personnel office. This form is then presented to the ID issuing office by the dependent seeking a card.

Q: What if my sponsor is deployed? A: The issuing office will verify previous DEERS enrollment and issue a replacement ID card based on the sponsor's recorded expiration of enlistment, four years, or other ending date, whichever comes first.

Q: What if my spouse is deployed and the information is not reflected in DEERS? A: The dependent may present a copy of the Marriage Certificate/Birth Certificate proving the spouse/child relationship and any document identifying the sponsor's name and social security number. The issuing office will then verify the sponsor's status, issue the appropriate card, and update the DEERS data base accordingly.



## Civilian news

## Vacancy announcements

## Position Title/Service grade

Physical Science Technician	GS-1311-4/5/6
Medical Technologist	GS-644-7/9
Health Technician	GS-640-4/5
Clerk-Typist	GS-322-3/4
Medical Technologist	GS-644-7/9
Secretary (Typing)	GS-318-4/5
Medical Clerk	GS-679-3/4
Clerk-Typist	GS-322-3/4
Medical Clerk (Typing)	GS-679-3/4
File Clerk	GS-305-3/4
Industrial Hygienist	GS-690-7/9/11
Housekeeping Aid	WG-3566-01
(2 Positions, Temp NTE 1 Year)	
Chemist	GS-1320-7/9
Vocational Nurse	GS-620-05
Firefighter (Structural)	GS-081-05
Supply Clerk	GS-2005-6
Respiratory Therapist	GS-651-7
Physicians Assistant	GS-603-11
Orthotist or Orthotist Prothetist	GS-667-9
Supvy Word Processing System Operator	GS-303-7/8
Communications Specialist	GS-393-11
Contact Representative (Typ)	GS-962-5/6
Medical Record Technician	GS-675-7/8
Housekeeping Aid Foreman	WS-3566-2
Motor Vehicle Operator	WG-5703-5
Budget Assistant	GS-561-6/7
Purchasing Agent	GS-1105-6/7
Medical Records Technologist	GS-675-5
Contact Representative	GS-962-07
Budget Assistant	GS-561-07
Supvy Financial Assistant	GS-503-8/9
Secretary (Typ)	GS-318-3/4/5
Clerk-Typist	GS-322-03
Lead Civilian Pay Tech	GS-544-6
Facilities Engineer	GS-801-11
Nurse Practitioner (Family)	GS-610-9/11
Physicians Assistant	GS-603-11
Education Specialist	GS-1710-11
Staffing Assistant	GS-203-6
Budget Assistant	GS-561-7
Purchasing Agent (Temp/2 Pos)	GS-1105-6
Occupational Therapist	GS-631-7/9
Clinical Dietitian	GS-630-09
Nurse Consultant	GS-610-11
Social Worker	GS-185-11
Diagnostic Radiologic Technologist	GS-647-5/6/7/8
Optometrist	GS-662-12
Clerk-Stenographer	GS-312-5
Housekeeping Aid	WG-3566-2
Food Service Worker	WG-7408-02
Social Service Representative	GS-187-7
Community Health Nurse	GS-610-11
Auditor	GS-511-11
Supvy. Computer Systems Analyst	GM-334-13
Procurement Clerk (Typ)	GS-1106-4/5 (2)
Voucher Examiner (Typ)	GS-540-4/5 (2)
Medical Officer (OccupMed)	GS-602-13
Medical Officer (Gen. Prac.)	GS-602-13
Occupational Health Nurse	GS-610-9
Nurse Practitioner	GS-610-9/11
Clinical nurse	GS-610-9
Chemist	GS-1320-5/7

## Location

Navy Drug Screening Lab	OC
Laboratory	OC
Various Locations	OC
Navy Drug Screening Lab	OC
Navy Drug Screening Lab	OC
Various Locations	OC
Various Locations	OC
Various Locations	OC
Various Locations	OC
Various Locations	OC
Operation Management	OUF
Navy Drug Screening Lab	OC
Nursing Services	OC
Operations Dept.	OC
Material Management	OUF
Respiratory Therapy	OUF
Mare Island	OUF
Orthopedic Dept.	OUF
Patient Admin.	OUF
Management Information	OUF
Patient Admin.	OUF
Patient Admin.	OUF
Operations Management	OUF
Operations Management	OUF
Clinical Investigation	OUF
Purchasing Division	OUF
Patient Admin.	OUF
Patient Admin.	OUF
Fiscal Dept.	OUF
Fiscal Dept.	OUF
Naval School Hlth Sci.	OUF
Facilities Mgmt.	OUF
Fiscal Dept.	OUF
Facilities Management	OUF
BMC Moffett Field	OUF
Internal Medicine	OUF
Naval School Hlth Sci	OUF
Civilian Personnel	OUF
Nursing Service	OUF
Contracting Dept.	OUF
Phy/Occ Therapy	OUF
Food Management Dept.	OUF
Nursing Service	OUF
BMC Mare Island	OUF
Radiology Dept.	OUF
BMC Alameda	OUF
Psychiatric Dept.	OUF
Operations Management	OUF
Food Service Dept.	OUF
Social Service Dept.	OUF
Social Service Dept.	OUF
Command Evaluation	OUF
Management Information	OUF
Material Management	OUF
Material Management	OUF
Various Locations	OC
Various Locations	OC
Various Locations	OC
Various Locations	OC
Various Locations	OC
Navy Drug Screening Lab	OC

## Closing Date:

OC-Open Continuously

OUF-Open until filled

Applicants should refer to the individual vacancy announcements for complete information and qualifications. Announcements may be obtained by calling (415) 633-6372 or Autovon 828-6372, Monday through Friday, 8:00 a.m. - 4:00 p.m., or by visiting the Civilian Personnel Office at 8750 Mountain Boulevard, they will also give you a complete listing of vacancies. Filling of these positions may be delayed due to the DoD hiring freeze.



## 633-6000 will soon be the number to call for an appointment

A system that will improve patients' access to appointments will soon be in place at Oak Knoll. Watch *Red Rover's* next issue for full details.

## Computer tips

## How to set your clock forward

By Jim Brackman  
Senior Computer  
Specialist

Now that spring is upon us and we will soon be moving our clocks forward for daylight saving time, let's refresh our memory on how to set our computer's internal clock forward one hour.

Turn on your Zenith Computer. Once the main

menu appears or your C: prompt, hold down the Ctrl Alt and Ins keys together and then release them. When the following information appears in the upper left corner:

Monitor, Version  
Memory, Size  
Enter "?" for help  
->SETUP

type the word SETUP and then press the ENTER key. Use the cursor keys to move

to the time option. Just type over the displayed time with the new time and then press the ENTER key. To save the new time permanently, press the ESC key, then press the Y key, and finally press the ENTER key.

If your computer is not a Zenith, please call the folks in the Information Resource Center at 633-5385 and they will help you change the time.

## Central Pacific Sports Conference (CPSC)

## CPSC Racquetball Championships.

Racquetball Championships will be held March 28 - 31 commencing at 9 a.m. There will be three categories: Men's Senior Singles and Women's Singles will both be held at Naval Air Station Moffett Field; Men's Open Singles will be held at Naval Air Station Alameda. To compete in the Senior Division, participants must have reached their 35th birthday on or before March 28.

Official IRA Rules and RSFSO SFRAN INST 1710.1 will govern. Participants are required to wear suitable eye protection. Commands may enter unlimited entries for the Women's Singles tournament and a maximum number of four singles entries for both the Men's Senior Singles and Men's Open Singles tournaments. Athletic/Recreation Directors are asked to list their entries in order of seed. This will give the tournament director an approximate number of "expected" participants.

Team scoring will be on the basis of one point for each match won in the winners bracket and one-half point for each match won in the losers bracket. Awards will be presented to the top four place winners.

## CPSC Track and Field Championships

On Saturday, April 6 the CPSC Track and Field Championships will be held at Vallejo High School at 1 p.m.

Each command may enter three participants in each event except the relays which are limited to one entry per command. A participant may enter any three events plus the relays.

Participants must provide their own equipment such as shot put, javelin, discus, pole

vault, relay baton, etc. Track spikes may not exceed 1 1/8 inch in length.

Men's events include the 100, 200, 400, 800, 1500 and 5000 meters; 110-meter low hurdles and the 400- and 1600-meter relays. Field events for men include javelin, high jump, shot put, long jump, triple jump, discus and pole vault.

Women's events include 100, 200, 400, 800, 1500 and 5000 meters; 400 meter relay shot put, long jump and discus.

## CPSC Golf League.

Provided sufficient entries are received the league will commence on or about May 20.

A meeting of command/team representatives will be held Friday, April 26 at 10 a.m. at Naval Air Station Moffett Field Golf Course Snack Bar. It is important that a representative from each participating team be in attendance. League structure, schedule and by-laws will be determined at this meeting. Participating teams/commands are responsible for all hosting expenses (i.e. green fees).

For all three events, questions, berthing requests and tournament inquiries may be referred to Mr. Jim Gass, Athletic Director, Central Pacific Sports conference Telephone (707) 646-3301/4289 or Autovon 253-3301/4289.

**(Editor's Note: The Navy Track and Field Training Camp for men and women will be held May 11 - June 1 at Naval Station Long Beach, California. Athletes who meet the required performance standards and wish to submit their application for consideration should contact their local Athletic Director for more information.)**

## Red Cross

(Continued from page 8)

Room and in the clinics and wards.

"They're everywhere in the hospital," he said, adding that they visit patients, take vital signs, distribute reading materials and cookies as well as provide health and safety services and instruction.

The secret of the dynamic manager's success is that he doesn't confine himself to the status quo and directs his energy to creating new programs.

"We are planning a 'volunteer' program," he said, explaining the teens will be orientated by the Nursing Department before they start

work. "Six are already lined up."

Ortega said the Red Cross workload has increased 44%. "We're getting more requests for financial assistance, verification of illness, counseling and emergency help. I frequently work 14 hours a day, come in on Saturdays and bring work home."

Because "everything off base" is the responsibility of the Oakland area manager, Ortega's case load does not take him beyond the confines of NHO. But he doesn't mind because "[he's] always loved hospital assignments, where the people are special."



# People, places, events at Oak Knoll



Brig. Gen. Leslie M. Burger (left), Commander, Letterman Army Medical Center, and Radm. David M. Lichtman, pose with Dr. Jack Lanier, Principal Deputy Assistant Secretary of Defense for Health Affairs during the latter's recent visit to San Francisco Medical Command (SFMC). Dr. Lanier came to SFMC to be briefed on the multi-service organization's coordinated care initiatives with Foundation Health Plan. Foudation Health is the Champus Reform Initiative (CRI) subcontractor for Northern California. (Photo by JOC Bob Hansen).



HM1 Silas Berry and wife Kim accept a \$100 check and plaque from Hadwick Thompson, President, Oakland Council of the Navy League, while RADM Lichtman looks on. Berry was NHO's sailor of the year for 1990. (Photo by JOC Bob Hansen).



MERCY QUILT. Capt. John Rowe, left, representing Naval Hospital Oakland, and Capt. Ray Adicott, (second from right), Commodore of Military Sealift Command Pacific, accept a quilt from Aleta Silvestri. Silvestri, who makes quilts to raise funds for the El Crystal School attended by her children, coordinated a group of fifteen mothers of students at San Bruno Park School District to make the quilt. At right is San Bruno City Councilman Larry Franzella. The quilt was made by the mothers in honor of the crew of the USNS Mercy. (Photo by PHC Tom Howser).

# Urologist wins resident competition

Lt. John Keizur (2nd from left) receives a plaque from Lt. Cdr. Ray Leidich (to his right), Chairman of NHO Urology Dept. for winning second prize in the 1990 Annual Northern California Urology Resident Competition. Also shown are Capt. N. V. Bulusu (extreme left), a recalled reservist serving in the Urology Department and Norwich-Eaton representative, Dona Bergin. Sponsored by Norwich-Eaton Laboratories, the competition was held at the University of California, San Francisco (UCSF). It involved Urology residents from Stanford University, University of California, Davis, UCSF and Naval Hospital Oakland. Keisur, a junior resident in



Urology, won the prize for a paper entitled, "Diagnosis and Management of Fungal Pyelonephritis in the Neonate."

# DT2 Smith is February Sailor of the Month

According to Dental Technician Second Class Dione Smith a philosophy of consistent hard work, a good disposition, and respect for his shipmates were critical to his being selected February Sailor of the Month. Smith, pictured here showing off his award plaque and gift wrist watch to his wife Renee, said that, "I would never give patients something I wouldn't use myself." According to the citation, Smith was cited for his outstanding performance and contributions which "greatly enhanced the Command's Quality Assurance Program by trouble shooting problem areas related to significant streamlining of fabrication procedures." The citation also noted that his individualized instruction to laboratory personnel resulted in the delivery of removable prosthetics of the highest quality and reduction of production cost." Dental Technician First Class Michael Kent, Smith's Leading Petty Officer at the Dental Annex, said of Smith, "He's one outstanding sailor — I'm thrilled to have him aboard."



# Farewell to HMCM Mike Stewart

(Continued from page 2)

ter chief looks forward to growing old and advancing in his career. "I'm looking forward to my next job at Bethesda," he said. "What I really want to do is stay on active-duty for a few more years and continue to work with junior enlisted." Before he left, Stewart had some final thoughts: "The entire command here is unbelievable and I encourage everyone to take time to get to know its people— The many civilians who are taken for granted and do such a great job for us. "I would like to thank the directors for the amazing support of the enlisted staff; the chiefs who have been my right arm. "Thanks also to our ombudsmen for the amount of work they have done simply because they care and to my many secretaries. "I leave knowing that the enlisted are in the very capable hands of Senior Chief



HMCM Stewart and wife Diane cut the cake at his farewell party. (Photo by JOC Bob Hansen).

Dental Technician Jeri McIntosh until Master Chief Hospital Corpsman Thomas Grieb checks aboard," he concluded. Fair Winds and Following Seas, Mike,— good luck to you your old shipmates will miss you.



## Reel Business

## Guilty by Suspicion



Against a dark and complex chapter of American history — the Hollywood communist witch hunts conducted by the House Un-American Activities Committee (HUAC) during the 40s and 50s—IRWIN WINKLER, himself one of the industry's most distinguished filmmakers, has set his powerful screenplay for "Guilty By Suspicion," with which he makes his directorial debut.

Two-time Academy

Award-winner ROBERT DE NIRO stars as David Merrill, a gifted director who falls victim to studio blacklisting while he is at the peak of his career.

David can save himself if he is willing to testify before HUAC and, most important, if he will name the friends and associates with whom he attended those few, scattered leftist meetings so many years ago.

Starring as Merrill's

wife is Oscar nominee ANNETTE BENING, while GEORGE WENDT plays Merrill's longtime friend, screenwriter Bunny Baxter, who is also called before HUAC. Emmy winner PATRICIA WETTIG portrays a distraught star whose husband is subpoenaed, and veteran actor SAM WANAMAKER, a real-life blacklist victim, is seen in the role of a pragmatic defense attorney.

## Mid-career teacher program for retired Navy personnel

COMNAVBASE SAN FRANCISCO, Calif. — On February 13, representatives from California State University San Francisco (CSUSF), California State Department of Education, California Commission on Teacher Credentialing and Commander Naval Base (COMNAVBASE) San Francisco Personal Excellence Department hosted an orientation session at the Admiral Nimitz Club on Treasure Island to explain a special program created for the benefit of retired, or about-to-retire Navy service members.

Teaching is a viable career option for retired Navy personnel and for those who are nearing retirement. Many of these individuals already have significant "podium" experience from serving as instructors while at Navy schools.

In addition, they have highly developed leadership and technical skills, as well as real-world experience, and they are usually young enough at retirement to look forward to a fully rewarding post-service career. For all these reasons, retiring Navy personnel are a significant resource for the community, the classroom and the education profession.

### Math and science

Recognizing the critical shortage of math and science teachers facing our nation's public schools in the near future, CSUSF and the California Department of Education, in cooperation with the San Francisco Unified School District and COMNAVBASE San Francisco conceived the idea of retraining Bachelor degrees-bearing sailors nearing retire-

ment in a specially designed teacher credential program.

The idea germinated into a financially assisted mid-career preparation program for the military leading to a teaching credential and a Master's degree.

### Second career

The Navy is encouraging those sailors already retired and those nearing retirement to seriously consider teaching as a second career — a career that will enable them to positively influence the nation's youth and help build a strong America for the future.

Naval personnel who meet the requirements are encouraged to contact Bruce Robinson, COMNAVBASE Personal Excellence Department Director, for more information. He can be reached at (Commercial) 415/395-3919 or (Autovon) 8/475-3919.

mate dreams. Women have come a long way, but a few more years must pass before half of the admirals in the Navy are women.

(Editor's note: Out of 258 admirals, today's Navy numbers three women (plus one select), or 0.015%.)

## Recycling update

The recycling program for Naval Hospital Oakland (NHO) is underway. Initially, only computer paper and white paper such as bond paper and copier paper can be recycled. In order to realize maximum benefit, everyone is reminded to separate computer paper from white paper. These paper products will be collected in the blue containers located in Bldgs. 500, 505, 131, 67 and 63B. Classified materials are not to be collected in these containers. Office collection containers are on order to ease sorting and collection of waste papers.

NHO had originally planned for a comprehensive recycling program that would include aluminum cans, plastic containers, corrugated cardboard, wooden pallets

and curbside (Housing) recycling as well. Ideally, all recycled products would have been collected and processed with one vendor, but we were unable to locate a vendor who would take all of our products as a turn key operation.

Because of the way our proposal was phrased, we will probably receive bids for corrugated paper, but will have to pursue alternatives for the other materials.

Meanwhile, collecting containers for aluminum cans have been ordered for all 35 NHO soda machines. Look for them by April 15th. Proceeds from recycling will be used by Morale, Welfare and Recreation Department, and each command member is encouraged to participate and help in the recycling program.

### Oak Knoll viewpoint

## How do you feel now that the war is over and the Mercy's on her way back?

HM3 Anthony Marcum, coordinator for the Mobile Medical Augmentation Readiness Team (MMART)

"It's great that the war is over and the Mercy crew is back, but I feel that some of my fellow 8404's have been forgotten and when they get back they won't get the same welcome."



HM3 Deborah Taormina, Administrative Assistant, Surgical Division

"I feel very relieved that the war is over and I can't wait to see all my friends who have been deployed to the Mercy. I'm glad that the number of casualties was very limited."

Lt. Bill Clawson, Head of Nursing Contracts Office

"I feel relieved!"



Lt Cdr. Marie E. Kelly, Risk Management Coordinator

"I think they've experienced a lot of things that we will never really be able to identify with. I think also that those who stayed behind went through tremendous ordeals that deployed people'll never be able to identify with either."

Trudy Silva, GS-6, Secretary to Director of Community Health Care, Director of Nursing Services and Director Branch Medical Clinics

"It's great that the war is over and it's wonderful that they'll be coming back. I'm looking forward to seeing them."



Robert Woodford, GM-13, Occupational Safety and Health Manager.

"It's fantastic that our NHO folks are coming back to this special place. All I can say is, 'Welcome', from the bottom of my heart."

## Paving the way

(Continued from page 1)

Although there are still many complexities that need to be ironed out, women are getting closer to their ulti-



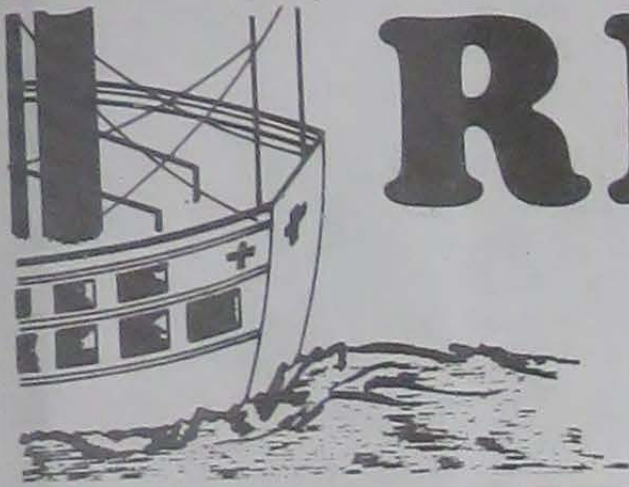
Welcome Home Oak  
Knoll Desert  
Stormers

Change in appointment  
scheduling  
Page 3

Bravo Zulu HM3 Silva and  
Occupational Health Nurse  
Jeanine Clarke  
Page 7

# RED ROVER

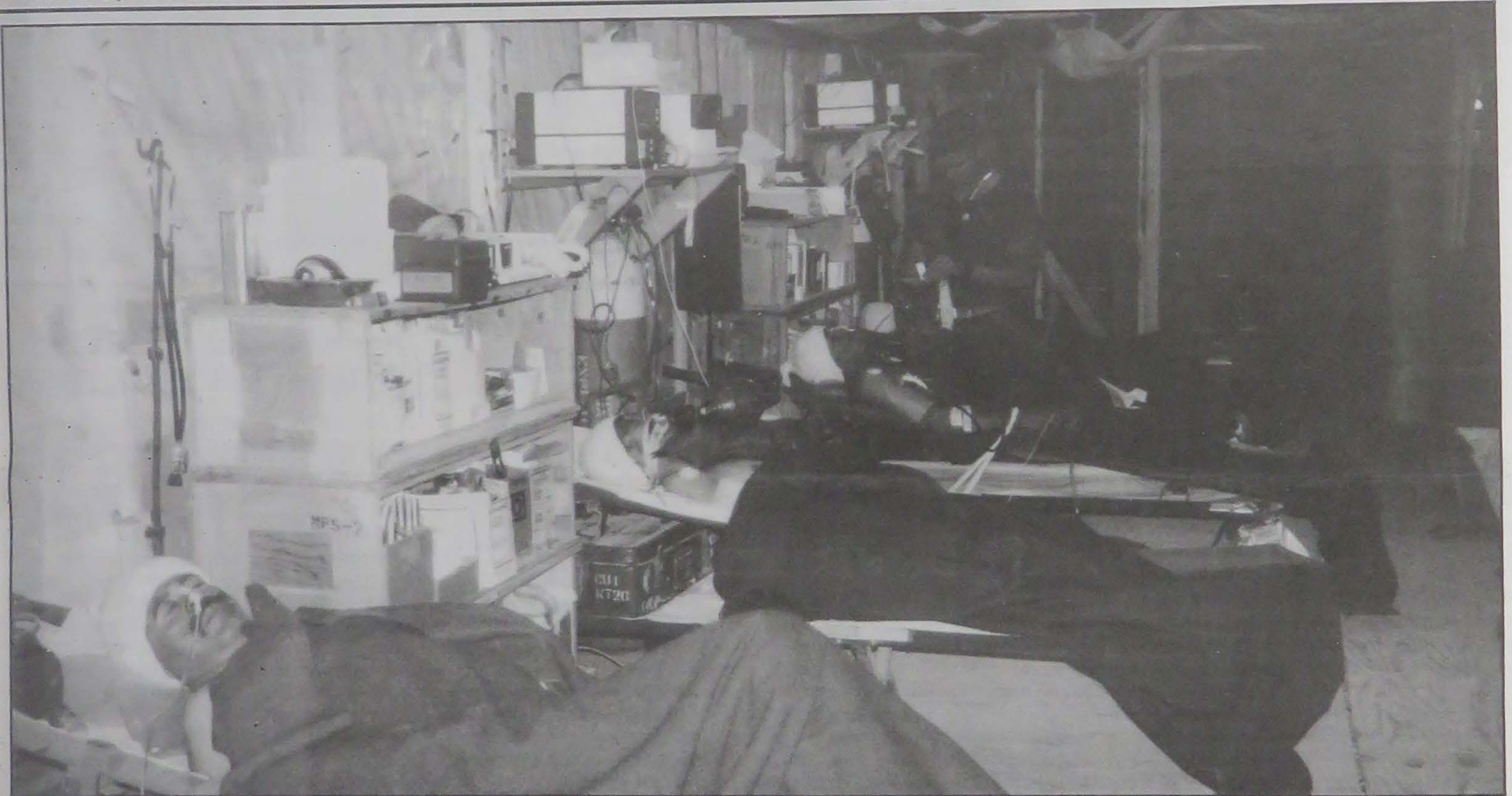
The Navy's first commissioned hospital ship



Volume 3, Number 4

Naval Hospital Oakland, Calif. 94627-5000

April, 1991



A corpsman guards Iraqi EPWs who are being treated by US medical personnel at Al Khanjar. (Photo by Lt. Cmdr. Richard Koehler).

## Oak Knoll medical Desert Stormers coming out of the sand

By Andree Marechal-Workman

It was 3 a.m. on January 17 when the air raid sirens screamed an urgent warning, piercing the silence over the Saudi desert. It wasn't a drill. The waiting was over. Desert Storm had begun its mighty raging, and for Oak Knoll medical personnel deployed with the Marines, it was an experience they will never forget.

"The air raid alarm went off and we ran to our fox hole," said Lt. Cmdr. Richard Koehler. "There [had been] two or three every night but, at that time, we wondered if it was the real thing, so we turned on our radios and found the air war had started. It was a moment that I will remember forever."

Koehler, a general surgeon attached to Marine Brigade Services Support Group 1 (BSSG1) since September 1, is one of the many Oak Knoll physicians and corpsmen deployed to various Marine Corps units in Saudi Arabia, who are returning home quietly and without fanfare, every day, two and three at a time.

Anesthetist Lt. Cmdr. Michael O'Connor, also with BSSG1, was glad the war was over because he wanted to go home and "would have gone through the gates of hell" to do that — a sentiment shared by neuro surgeon Lt. Cmdr. John Atkinson, assigned to BSSG7, who said that "although we were all anxious about the casualties we might see, I

think most people were relieved that something was finally getting underway."

Hospital Corpsman 3rd Class David Newmark, also with BSSG7, remembers a lot of FROG rockets jumping around the hospital they had set up at Al Mishaib and taking care of Navy corpsman Clarence Conner of Hemet, Calif., who, according to a Navy Medicine news clip, was the first Desert Stormer to get a Purple Heart. "We removed shrapnel the size of a quarter from his right shoulder, Newmark explained. "We also had casualties coming from an oil platform [coalition forces] blew up and took care of wounded Iraqis, Kuwaitis, and Saudis."

According to Koehler, the

corpsmen attached to the Marines merit a lot of recognition. "They were living in the sand, and when the ground war started, they went right up to the front line with Army personnel carriers and were being shot at. I think they deserve a lot of credit."

Koehler, O'Connor, Atkinson and Newmark had been gone since mid to late August and were deployed to various Marine companies. But when the ground war started, they joined what Koehler called "a kind of giant size surgical hospital with 12 operating rooms" set up at Al Khanjar, about ten miles from the border and 25 miles from the Iraqi front line.

"We were the first stop for major surgical care for

casualties," Koehler stressed, explaining that the wounded were first brought by corpsmen to a battalion aide station (BAS) for immediate treatment by a general medical officer, then to Al Khanjar for resuscitative surgery and, if another operation was needed, the patients were sent to Fleet Hospital 5.

According to Newmark, about 700 cases were seen at Marine Corps Trauma Hospital Al Khanjar — a number confirmed by Atkinson, who said that they "probably saw 90% of all allied casualties in the theater, plus 350 to 400 wounded Iraqi enemy prisoners of war (EPW)."

All medical personnel  
(Continued on page 4)



**From the Executive Officer  
Capt. Noel A. Hyde,  
MSC, USN**



The joy we've been sharing with our shipmates the last few weeks is tinged with a touch of melancholy. While our old family members are coming back, many of our new family must leave.

I'm talking about our activated reservists. Approximately 500 have passed through Naval Hospital Oakland since the current Middle East crisis started. Many have been here so long that we think of them as permanent staff members. But leave they must, and it is with a sincere sense of regret that I bid them good-bye.

The reservists were true professionals who, in our time of need, provided us with the strength, determination and manpower we needed to go on with our mission. Many were old friends who had either been stationed here on active-duty or had performed reserve training here in the past. Many were new faces who came from all over the United States to pitch in and do their part. Some were volunteers who willingly gave up a part of their personal lives to come to Oak Knoll. Most were involuntarily recalled from their comfortable civilian lives, who came here without knowing for how long or what their jobs would be. All made personal sacrifices to answer the call and all performed their assigned tasks efficiently and competently. They were an integral part of our NHO team and we are truly sad to see them leave.

I hope our reserve colleagues will treasure their time here and enjoy the many new friends they've made. They may be going but they'll never be forgotten. I'd like to encourage all the activated reservists to come back and visit us again. If you live in the area, I hope you will remain a part of our extended family and will continue to participate in our command picnics and other special events.

The traditional wish to a departing shipmate is "fair winds and a following sea." I offer this wish to each one of you. As you return to your civilian jobs, I hope you will remember your time spent at NHO with great pride for you have served the Navy and your nation in a manner without equal.

Jean Lee Porter, a novelist conducting research for a new book, has contacted the Public Affairs Office requesting assistance in obtaining interviews with medical personnel who served aboard hospital ships during World War II. People able to assist her can contact her at (415) 656-6316. Or, you can write her at the following address: Jean Lee Porter, 4894 Regents Park Lane, Fremont, CA 94538.

## OAK KNOLL PERSPECTIVE

**From the Commanding Officer  
RADM David M. Lichtman, MC, USN**



After seven months in the Middle East, our troops are coming home. American military forces returning from the Gulf are heroes in the hearts and minds of people all over the world. Our fighting forces, with superior technology and in concert with the Allied coalition, dealt a decisive defeat to the Iraqi aggressors. Yet, the cost of victory was not without a personal price - lives were lost, families were separated, sacrifices were made. Just ask the Oak Knoll staff who deployed with the MERCY or the Marines. The price they paid was enormous. Unlike Vietnam, they return to this country with a heroes' welcome, for very good reason. But, let's also recognize the unsung heroes who helped make this campaign successful, the people who stayed behind and kept the home fires burning - Oak Knoll staff, reservists and families.

### Finest staff

Oak Knoll staff is the finest that I've ever seen. When our troops deployed on a moment's notice, you were the ones who worked double and triple shifts, round the clock, for months at a time - military and civilian alike. You not only kept essential medical services going, but you provided continuity to the reservists coming aboard. In the chaos and confusion, you were beacons to which others turned for light. You had to do more with much less - people, money and materials. The job you did was magnificent and spectacular. I am proud to be in your service.

### Reservists are heroes

Reservists are the other heroes in this war. Over night, you packed bags and flew to this facility, literally and figuratively. You left families, friends and jobs behind to answer the call to your country. Without your help, the doors to health care at this facility would have closed. The wealth of knowledge and experience you brought to Oak Knoll has made this a richer place to work. I am deeply indebted to you and hope many of you will continue on active-duty at Oak Knoll or in the Navy. It would be my privilege to serve with you in the future. To those of you returning to civilian life, I offer my most profound appreciation for your herculean efforts in behalf of our country and my command.

### True heroes are families

The true heroes in this war are the families and friends of our deployed troops. In spite of the uncertainty, your courage, determination and perseverance were an inspiration to us all. The lines of communication you established through letters and packages kept troop morale high. The feedback I received from Town Hall meetings and the Ombudsman Program helped me address and resolve system problems that many troops were experiencing. The assistance provided by family service centers, Navy Leagues, Navy Relief, Desert Shield support groups, chaplains and the American Red Cross got us all through some troubled times. Desert Shield/Storm success is directly attributable to your patriotic efforts and unselfish support - this country and I are grateful for your contributions.

### A welcome they deserve

Home is where our heroes belong; nowhere is this more evident than at Oak Knoll. As our shipmates return from the Middle East, let's give them the welcome they deserve. At the same time, let's remember the heroes who successfully fought the war from the home front. We have a family of the finest heroes this country has ever seen, here at Oak Knoll.

## Letter to the Editor

The percentage of women admirals in today's Navy is 1.2% (3 of 258), a significant difference from 0.015% reported in the March 1991 edition of Red Rover.

Although 1.2% is much less than the 11% women comprise overall, the admirals of today joined the Navy some 25-30 years ago. So the percentage of women admirals today should approximate the percentage of women commissioned 25-30 years ago. Perhaps that percentage is closer to 1.2% than to 11%.

Raw numbers and percentages serve no useful purpose without some accompanying logical and rational thinking.

P. M. CARLSON  
ENS MSC USNR  
QA DEPT., NHO

*(Editor's note: Ens. Carlson is correct in pointing out our percentage miscalculation.)*

## Navy-Marine Corps relief defers repayment

WASHINGTON (NNS) — The Navy-Marine Corps Relief Society (NMCRS) has suspended repayment action of future loans made to families of sailors and Marines deployed in support of Operation Desert Storm.

Normally servicemembers are required to register an allotment promptly when a NMCRS loan is made. Timely repayment insures the society has funds available to meet emergency needs of others.

In making this policy change, the society balanced the need for repayments.

## Red Rover

**Named after the Navy's  
first commissioned hospital ship.**

The Red Rover is published monthly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

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Editor .....	Andre Marchal-Workman
Editorial Assistant .....	HM3 Melinda Bernard
Staff .....	JOSA Kyna Kirkpatrick



# Oak Knoll has a new appointment system



Lt. Sheryl Washington takes a call from a patient. (Photo by HM3 Melinda Bernard)

By JOSA Kyna Kirkpatrick

A change in appointment scheduling — a new call distribution system — has been installed at Naval Hospital Oakland (NHO) to give patients better access to each individual clinic.

"The appointment number (633-6000) used to be answered at Central Appointments, where six clerks made appointments eight hours a day," said Fred Perea, Head, Communications Department. "After Central Appointments was decen-

tralized, the 633-6000 calls were forwarded to the hospital's two telephone operators. Patients then experienced a lot of busy signals when calling because they had to compete with all the other calls the hospital normally receives."

According to NHO Instruction 6320.1, the automated system was installed in response to the problems found by a Process Action Team (PAT), who evaluated the current outpatient appointment policy by looking at both patients and hospital staff's problems.

The PAT's investigation found patients' complaints to be: busy telephone lines; month-long lead times between appointments; non-notification of cancelled appointments and difference with the way each clinic made appointments.

Problems with the staff included: inadequate training for appointment clerks; squeezed-in follow-up care due to unavailable appointments and clinics' high no-show rates. The latter was

due to lack of patient reminders or advance cancellation.

According to Medical Service Corps, Lt. Sheryl L. Washington, Head of Outpatient Administration Division and Project Officer for the appointment system, certain steps were taken in response to the PAT's findings. Called the Tri-Service Patient Appointment Scheduling System (TRIPAS), this computer system has been in use for over five years.

"We had to train and retrain all TRIPAS users on scheduling appointments because there was no formal training accomplished when the clinics decentralized," she said, adding that other steps were taken: a drafted instruction that gave guidance for scheduling appointments; a message and Plan-of-the-Day communication system to local commands. Finally, the automated call distribution system that transfers calls directly to each clinic using the main appointment tele-

phone number was also installed.

"The call distribution system and other changes were recommended by the PAT after they concluded their evaluation," said Perea.

Washington said that the hospital's executive staff essentially adopted the Total Quality Management (TQM) principle and made it a reality of customer satisfaction.

"We've taken a virtually deficient system, turned it around with what little we had and made it an effective 'quality tool,'" she explained.

Patients can now call the automated appointment system using the main appointment number, 633-6000, Monday through Friday, 8 a.m. to 4:30 p.m. She added that a 30-day rotation schedule for appointments is also in place allowing 30 days after the current month to be open for appointments. This, along with the new appointment system, will give patients better access to each clinic and help the patients get timely appointments.

# Zero tolerance for child abuse in U.S. Navy

By HM3 Melinda S. Bernard

Each year in the United States there are as many as one million cases of repeated mistreatment or neglect of children by parents, or other guardians, resulting in injury or harm—otherwise known as child abuse. Child abuse is a symptom of parental problems. Raising a family is a more challenging feat today than it was for earlier generations — the stress level has risen many-fold and unfortunately, the stressful problems are occasionally translated into child abuse.

The Navy is an especially challenging environment in which to raise a family. It is continually testing its ability to adapt to the evolving environment and to support new missions. In addition, families are also faced with unexpected changes and encounter new obstacles everyday. For these reasons, the Navy has been involved in supporting families for a long time. According to Gloria Grace, Head of the Social Work Department, "the Navy has made a real big commitment to families— protecting the families supports the mission of the Navy."

According to Grace, child abuse is a constant Navy

concern and the Navy is continually attempting to improve upon its preventive measures. Recently, it created a new program—the Child Abuse Prevention Team. This team works at a local level and strives to be proactive. "The aim is to catch the problem before it develops," said Grace. She said the team includes two home visitors who work with "high risk families" (families that might have a severely handicapped child or a child with a chronic illness, families with a few small children).

While the local team has been recently established, another team was created in 1988 by the Department of Defense (DoD). That team responds to multiple victim child abuse cases and sexual abuse. Known as the Family Advocacy Command Assistance Team (FACAT), the team is dedicated to preventing extrafamilial child abuse and to promoting early identification and intervention in allegations of extrafamilial child sexual abuse. Grace is a FACAT member. "They have a lot of experience in dealing with child sexual abuse—they are a team of experts," she said, explaining they are responsible for training, maintaining and supporting indi-

viduals from various disciplines to respond to child sexual abuse in DoD "out-of-home" care settings and assisting the local people to ensure the victims' abuser will be prosecuted.

Compared to the civilian community, the Navy has "a better way of reporting child abuse," said Grace. "We know where our people are all the time...this is a closed culture." She also elaborated upon the fact that Navy child abuse statistics are influenced by many factors. For example, "separation is a big problem in the Navy—one spouse is left for long periods of time to care for the children while the other is out at sea; parents are gone for long periods of time, and when they return they don't know their children."

When a child abuse case surfaces, the Social Service Department "tries to be supportive and work with the family," said Grace. "There is no program to compare with what the Navy has." She added that all of the military hospitals have protocols to deal with child abuse. Navy division officers and the legal authority of the chain of command provide the social workers with an effective mechanism for working with the families to cure the problem of child

abuse. Child abuse used to be blamed on the family, Grace said. "Today it is understood that certain family dynamics exist that lead to this abuse," she added. She said that most civilian community and military programs assess the treatable. "It's like a suspended bust, what happens is that they are required to participate in treatment."

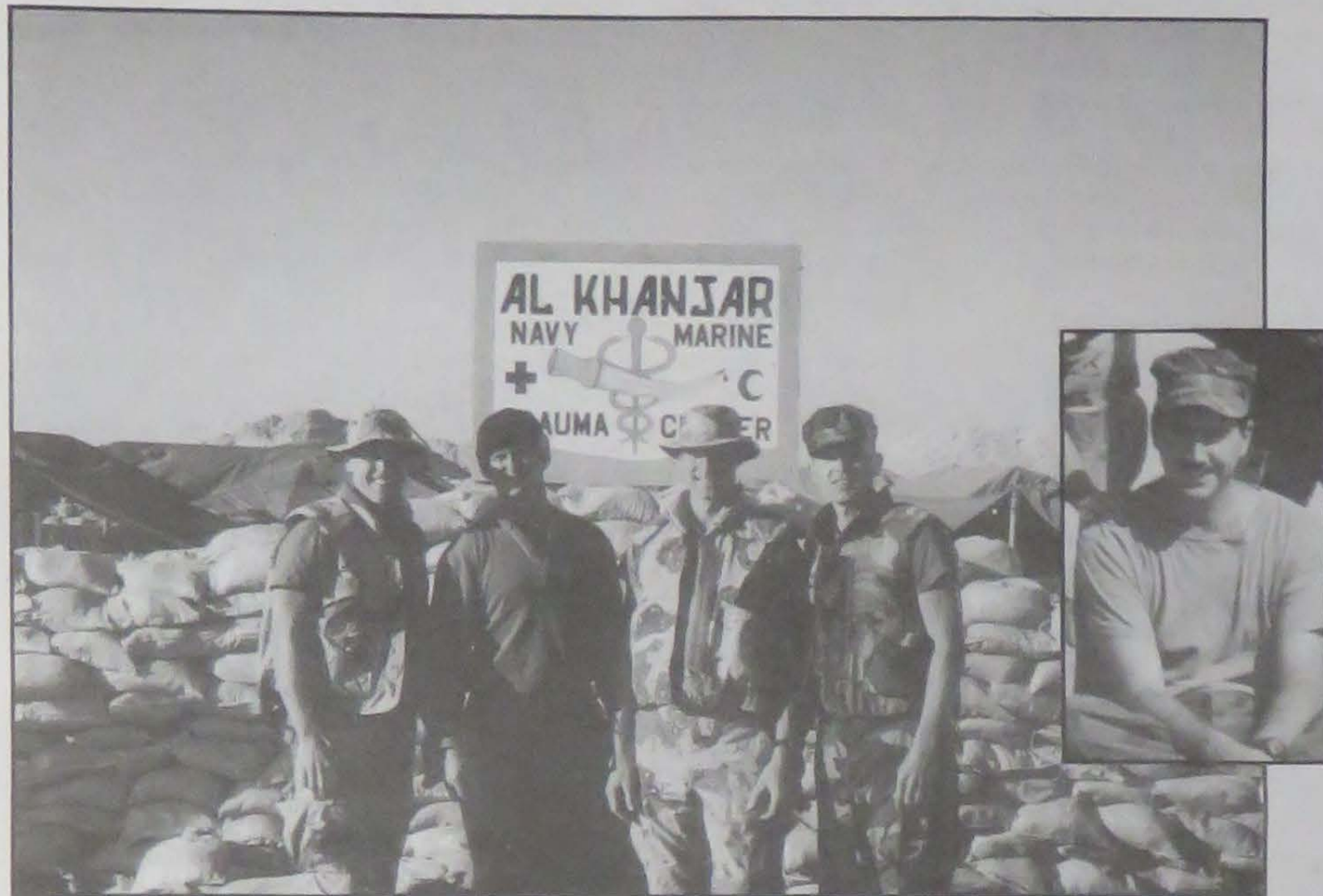
"Being a social worker in the Navy is less frustrating because all commanders are

obligated to follow Navy instructions and cooperate with us," said Grace, adding that the whole system supports the idea of preventing child abuse. The Navy is honest about the existing problems of child abuse and from this honesty stems an ability and commitment to find solutions.





# Oak Knoll Desert Stormers — dug in the sand . . .



(From left) Desert Stormers, Drs. Michael O'Connor, John Atkinson, Richard Koehler and Nurse Anesthesiologist Stephen Stewart form a happy group in front of Marine Corps Trauma Hospital Al Khanjar while HM3 David Newmark (inset) smiles for another camera. (Photo by Lt. Cmdr. Richard Koehler)

(Continued from page 1)

interviewed have memories that stand out — poignant moments etched on their minds forever.

For Koehler, the anguish of an Iraqi mother with her four wounded children, is something he'll never forget. "The misery you could see on that woman's face made me reflect on the real cost of warfare," he asserted.

Atkinson remembers a helicopter trip he made to a Saudi Corvette (a small ship)

hit by a missile during the air war. "They had two head injuries and asked for a neuro surgeon to evaluate them," he said. "I flew out on a Saudi helicopter over the burning oil wells in the Gulf and was lowered by winch into the Corvette. We medevaced one person and the other died. I was, then, taken back to shore and we drove very fast, violently swerving to avoid mines."

Above all, Newmark recalls the camaraderie. "I have

never had friends like I have now," he said, adding that the way the officers treated enlisted personnel was also "pretty memorable."

But for all, homecoming and the reception they received, in one short sweep of the clock, erased memories of arduous life in the desert: sand blowing all the time, no water to bathe for months on end, the "hideous hot chow" and MREs (meals ready to eat), the "horrible mail ser-



Lt. Cmdr. Richard Koehler (left) and Lt. Cmdr. James Hazlehurst perform a surgical procedure on an Iraqi EPW. Hazlehurst is attached to Naval Hospital San Diego. (Official Navy photo)



A helicopter bringing casualties is about to land at Al Khanjar while an ambulance is standing by. (Photo by Lt. Cmdr. Richard Koehler)



Living tents dug into the sand dot the desert landscape at Al Khanjar. In the background, CH 53 helicopters are posed for flight to the front line. (Photo by Lt. Cmdr. Richard Koehler)



Mail call at Al Khanjar. (Photo by Lt. Cmdr. Michael O'Connor)

vice" and, above all, no liberty for eight months and the lack of opportunities for training at Navy facilities.

"We were flown back and arrived at an Air Force base in Massachusetts," O'Connor said. "Two thousand people were waiting for us in a

hangar with a big red carpet, a big flag, cookies, yellow ribbons — singing the national anthem . . . that was the most moving moment of all."

And the most remarkable factor, he added, is "how quickly we readjust. It's like it never happened."



April 1991

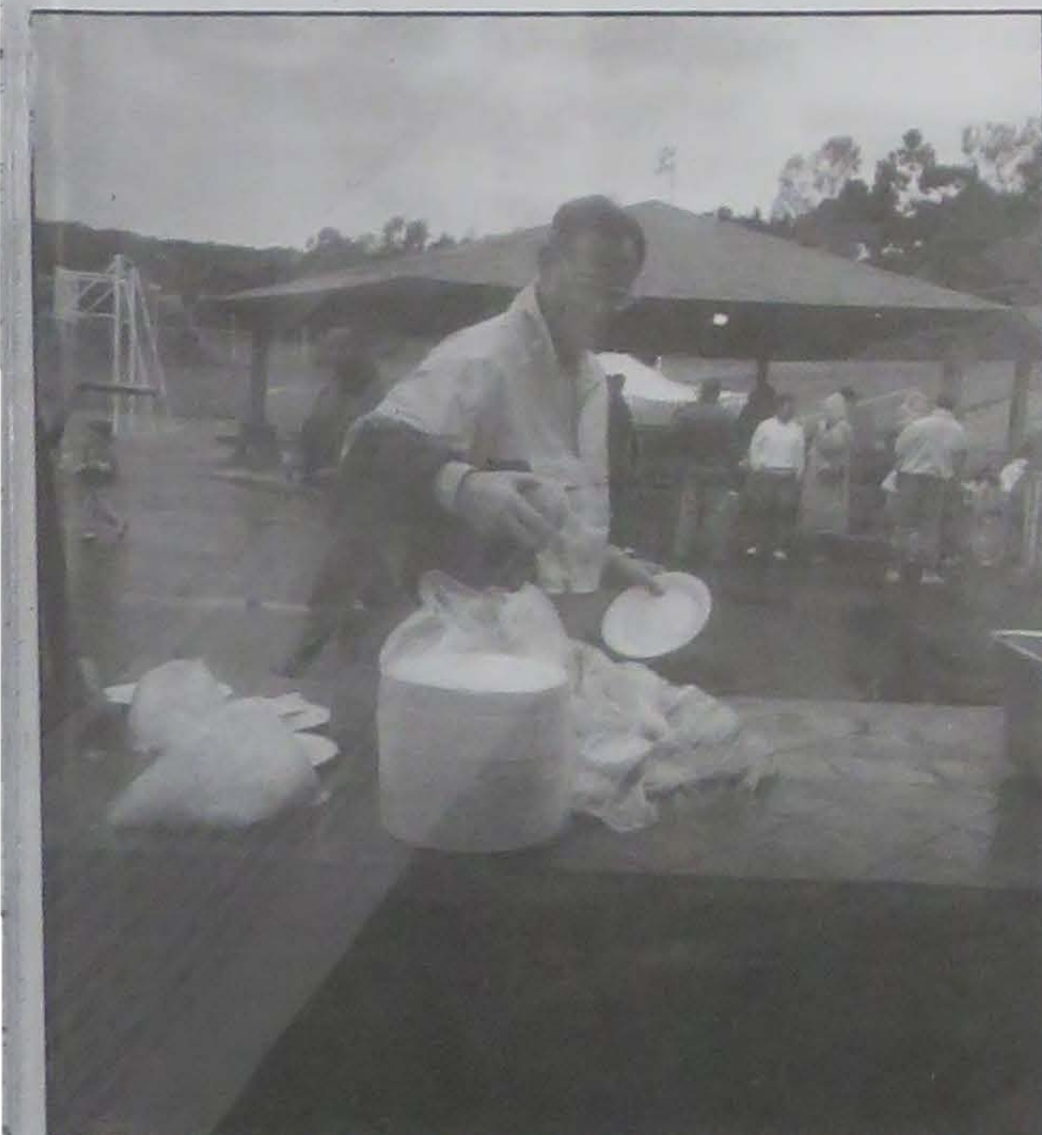
## Meanwhile, back at Oak Knoll . . .

. . . it was a wintery, blustery day at the command picnic on March 23rd when reservists, families of deployed personnel and the entire hospital staff gathered at the recreational field for a morning of fun. . .

(Photos by A. Marechal-Workman)



Rear Adm. David Lichtman (far right) takes a morning off to share in the festivities. Ron Ratto (left) and his wife, Lt. Cmdr. Catherine Ratto, a reserve nurse in the Outpatient Department, are keeping him company. Capt. John Rowe, NHO Director of Community Health, can also be seen in the background (far left).



Lt. Michael Higgins, Education & Training, gets ready to load his plate up with picnic goodies.



Clown Scott Alcalay ties a balloon for Amanda Rae Linn, as her father, HM2 Christopher Linn of NHO Pharmacy smiles on.



Reservist Chief Oscar Fernandez (right), of Command Education & Training, mans the grill with another reservist, Chief Richard Florente of MWR.

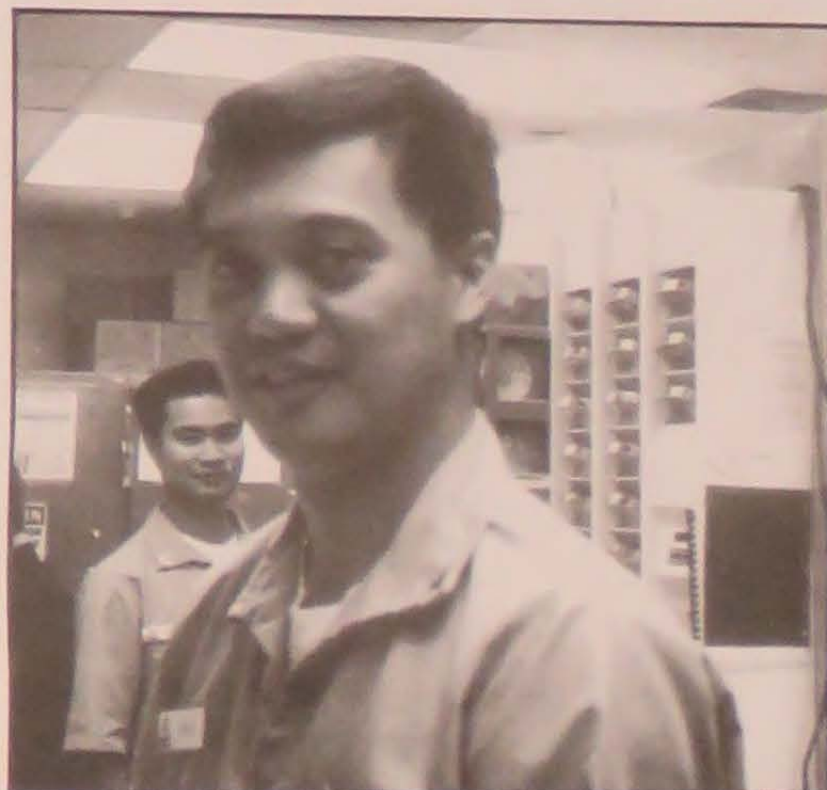


Between showers, Oak Knoll children line up for the Easter egg hunt. Eggs, baskets, food and drink were provided by Navy League, Oakland Council. (Photo by Bob Pinson, Oakland Council, Navy League).



# Moffett Field Branch Clinic — up-close

*HM1 Rene L. Canlas, USN*



**Current career area:** Pharmacy Division.  
**Your job:** Leading Petty Officer, patient contact representative, controlled drug custodian, division watchbill coordinator. I also stand chief of the day watch.

**Marital status:** Married.

**Spouse:** Rosario M. Canlas.

**Children:** Reese John Canlas, 5; Robynne Canlas, 4.

**Hometown:** Mexico, Philippines.

**Hobbies:** Fishing and camping.

**Likes:** Friendly people, Chinese food, warm weather.

**Dislikes:** Insensible individual, disorganization and ginger.

**What is the most challenging part of your job?:** Making everyone happy.

**What is your immediate goal?:** To make chief.

**What is your long-term goal?:** To retire from the Navy as a master chief petty officer.

**I wish I could stop:** Hunger and crime.

**I respect myself for:** Taking care of my family.

*Janice B. Kaplan-Klein*



**Current career area:** Occupational Health Division, Branch Medical Clinic.

**Your job:** Provide medical surveillance and job related physical exams for active-duty and civilian employees at NAS Moffett Field and other federal agencies (between San Bruno and San Jose areas). I also provide education on asbestos, hearing conservation and other programs.

**Marital status:** Married.

**Spouse:** Capt. Leslie Klein, USAF.

**Hometown:** Seattle, Wash.

**Hobbies:** Folk dancing.

**Likes:** Travel.

**Dislikes:** Standing in line behind people who smoke.

**What is the most challenging part of your job?:** To provide high quality care and exams for personnel, even when the demand exceeds our resources.

**What is your long-term goal?:** Hope to transfer jobs to clinic at NAS Seattle when my husband retires from active-duty in two years.  
**If I could do it all over again, I'd:** Not wait 20 years between getting my Bachelor and Master's degrees.

**I wish I could stop:** Inability to drive on freeway.

**I respect myself for:** Perseverance.

**Role models/heroes:** Golda Meir.

**Additional comments:** Although most of our clinic staff have returned from the MERCY, some are still with Marines in Saudi. Our prayers are with them to return home soon. It is a privilege to work with so many fine personnel at our clinic.

*Lt.j.g. Eric S. Johnson, MSC*



**Current Career area:** Industrial Hygiene/Occupational Health.

**Your job:** To identify health-related occupational exposures and recommend controls to reduce them at Moffett Field and Navy post-graduate school.

**Marital status:** Married.

**Spouse:** Maria L. Johnson.

**Hometown:** Alexandria, Minn.

**Hobbies:** Weight lifting, scuba diving, bicycling.

**Likes:** A bright smile in the morning coming at me.

**Dislikes:** Incompetence, inflexibility.

**What is the most challenging part of your job?:** Definitely dealing with diversities of the type of departments we survey. They range from administrative to satellite systems development.

**What is your immediate goal?:** To receive certification as an industrial hygienist (CIH).

**What is your long-term goal?:** To help reduce occupational exposures to military and civilians while making our Navy a safer place.

**If I could do it all over again, I'd:** Only do it with more vigor.

**I wish I could stop:** All the needless bloodshed and bring down the dictators of this world.

**I respect myself for:** Sticking up for my values.

**Role models/heroes:** There is only one person, Jesus Christ (Our Lord).

**Additional comments:** Occupational safety is not just implemented at work, it also applies during recreation and home life.

## Nominate a Super Star!

**Make sure one of your co-workers get credit when credit is due!**

Nominations are now being accepted for the Federal Employee of the Year Award. Now an employee can nominate a deserving co-worker for recognition in one of the following categories:

Clerical	Disabled
Equal Employment Opportunity	Management
Law Enforcement	Scientific
Services to the Community	Technical
Trades & Crafts	Uniformed
	Military

To qualify, the employee you nominate must have demonstrated exceptional performance and results in his/her present position, leadership, suggestions, inventions during the last 24 months.

Nomination forms are available from the Civilian Personnel Department at 633-6374 or from your supervisor.

## Chaplain's Corner

**By Lt. Bruce B. Chabot, CHC, USNR**

Call me a liar. Call me a writer. In the Exchange a few days ago I came across vitamins with a picture of Superman on the front of the package. Maybe they are "Superman-Brand" vitamins. (I hope that's not a registered trademark or something.) I guess somebody finally came along with enough clout to give the Flintstones a run for their money in the children's vitamin business. They make lots of vitamins

for adults too: big sections in all the supermarkets. But don't doctors say that if you eat a well balanced diet, you don't need to take vitamins? Of course, they are overlooking the obvious: I take vitamins precisely so that I won't have to eat a well balanced diet. I think I'll take the Superman vitamins. Like you, perhaps, I've always wanted to pin on the red cape and do some good. Use your imagination. It's good to have a positive self-image, isn't it? It's good to be healthy.

Same thing for spirituality. You need to grow. Maybe you need vitamins. Read the Bible; pray sometimes. Go to church. We are all just children who have grown up, so maybe we should look back. Help the others. If we show the children that people can be kind and loving, then in a few years the world will be full of kind and loving people. If you know what you believe in, it becomes the basis for the things you do, the way you act toward people. Pass the vitamins.



# People, places and events at Oak Knoll

## HM3 Kurt Silva is top sailor for March

By HM3 Melinda S. Bernard

With a "Letter of Commendation" and a "Good Conduct Medal" already in his hands, HM3 Kurt Silva recently acquired one more achievement to add to his collection—he was named Naval Hospital Oakland's (NHO) March Sailor of the Month.

Cdr. Robert E. Taylor, Department Chairman of Otolaryngology (head and neck surgery), is probably not the first to recognize Silva's past performance as consistently exemplary. According to Taylor, Silva is currently involved in training "which assures his continued improvement to further supplement his duties in the Department of Otolaryngology."

Taylor asserts that Silva's "tireless efforts have made significant contributions to the efficient functioning of this department." In addition to fulfilling the requirements as a third class petty officer, Silva has undertaken considerable responsibility for conducting sleep apnea studies which are required in the pre-operative evaluation of many patients. "He has supplemented his training by enrolling in the California Department of Sleep Disorders Course at Providence Hospital," continued Taylor, noting that "prior to HM3 Silva's assumption of this respon-



sibility, required sleep studies were referred to the civilian community at considerable expense to this command."

Silva also strives to improve himself. He has completed General Education courses at Los Positas College and is working towards a Bachelor's Degree in Public Administration. In addition, Taylor said, "he is also an active and guiding member of the Morale, Welfare and Recreation Committee." Silva also shares his artistic talents with the command—he has contributed art work that brightens the patients' waiting areas throughout the hospital.

Participating in commu-

nity affairs is also part of Silva's agenda. He is an Alameda County reserve deputy sheriff. He also attends the Neighborhood Church in Castro Valley, and supports the Girl and Boy Scouts or America, as well as the St. Jude's Children's Research Hospital.

"Silva has consistently demonstrated outstanding performance in a variety of capacities and this has resulted in considerable benefit to our patients here at NHO," Taylor said proudly. Noting that he is also "an exemplary citizen in his local community," he added that "this contributes to the favorable opinion of the Navy in this area."



Rear Adm. David Lichtman takes time out from a busy surgical schedule to congratulate Lt. Cmdr. Randi Labar, MC, a resident in the Orthopedic Dept., (left) for winning the annual academic research competition, resident section. Labar's research is entitled, "Multidirectional Shoulder Instability: Clinical Results of Inferior Capsular Shift in an Active-Duty Population." (Photo by A. Marechal-Workman)



Pediatrician, Capt. Quentin Van Meter, MC, proudly displays the plaque he was handed by Rear Adm. David Lichtman for taking first place in the staff section of the research competition. Van Meter's paper is entitled, "Evaluation of the Pituitary-Adrenal Axis in Patients Treated with Nasal Beclomethasone." (Photo by A. Marechal-Workman)



Commanding Officer, Rear Adm. David Lichtman, (left) signs Ensign Kathleen Aldridge's Letter of Promotion to Lt.j.g. (Official Navy Photo)

## Jeanine Clarke is Civilian of the Quarter

By JOSA Kyna Kirkpatrick

Jeanine Clarke, a civilian occupational health nurse in the Occupational Health/Preventive Medicine Clinic, has a clear-cut philosophy regarding her job. "I try hard to treat everyone with whom I come into contact with the consideration and concern I would appreciate from others."

As the occupational health nurse, Clarke said she has the opportunity to meet almost everyone who checks on board. Clarke plays many key roles at Naval Hospital Oakland (NHO): She is part of the check-in and check-out of hospital staff. She also checks immunization records and encourages personnel to receive

required immunizations. She added that she is able to keep in contact with many of these staff members because of these various surveillance programs.

According to Civilian Personnel, Clarke was recommended for Civilian of the Quarter for April-June 1991 because of her courtesy, kindness and the sincerity shown in her work. She is said to cheerfully encourage the participation of hospital employees in a variety of medical programs. Clarke is also noted for being a strong advocate of the Navy Occupational Safety and Health programs and for showing a true dedication to her duties at the hospital.

Clarke said that she has enjoyed NHO for the more



than four years she has worked here — "the warmth and friendliness I have experienced have made this a very special place for me."



## Reel Business

## The Marrying Man



"The Marrying Man" stars Alec Baldwin ("Married to the Mob", "Working Girl") as cocky and charming toothpaste-heir Charley Pearl. He is happily-engaged to the daughter of a powerful Hollywood studio mogul until he meets Vicki Anderson (Kim Basinger of "Batman" and "9-1/2 Weeks"). Vicki is a sultry Las Vegas lounge

singer and is well-known to be the "private property" of mobster Bugsy Siegal. Sparks fly between Charley and Vicki, and when Bugsy discovers their flaming love, he 'helps' their relationship along with a wedding ceremony — 'shot gun' style. What to do about Charley's jilted fiancée is just the first of numerous problems they

confront over the course of four marriages and divorces together.

From a screenplay written by Neil Simon, "The Marrying Man" is directed by Jerry Rees and produced by David Permut. The film also stars Robert Loggia, Paul Reiser, Fisher Stevens, Steve Hytner and Armand Assante as Bugsy Siegal.

## Dental Corner

## New hope for cold sore sufferers

By Lt. Ngoc-Nhung Tran, DC

Recently, a group of researchers back East investigated a new approach to inactivate the virus that causes common cold sores.

When the Herpes simplex I virus infects a person, it can migrate up the nerve and remain dormant in the spinal cord, only to reactivate and cause another cold sore in the same spot weeks or even months later. Many treatments have been used to treat cold sores with only moderate success.

The technique being investigated would inactivate the virus by breaking down the protective envelope, or membrane, that surrounds it. Without that protective membrane, the Herpes virus cannot survive and, therefore, cannot infect living cells.

If proven effective, this treatment would kill the virus that is free in the blood. However, since the virus would still be present in already infected cells, the

treatment could be an effective preventive measure. It could help to control an outbreak, but could not eradicate the virus from the body.

*...the agent used, LPCs, are usually found in living cells.*

The agent used in this study is lysophosphatidylcholines, or LPCs. These are normally found in small amounts in living tissues and are less harmful to living cells than any other chemicals that inactivate the virus. By varying the lengths of the components within this molecule, one can selectively kill the virus without injuring other living cells.

This study is still in its developing stages, but it may not be long before conclusive results can be drawn for the technique to be applied. It definitely offers new hope to those suffering from annoying recurrent cold sores.

## Civilian News

## More on civilian drug-free workplace (DFWP)

By Herb Linderman

In previous issues of Red Rover, questions and answers were published, explaining how the Navy DFWP plans to reach the goal for civilian employees. Since that time we have been publishing further questions and answers that bring DFWP into focus. Following, are the final questions and answers.

**What is the test (Drug test conducted by the Department of the Navy) like? Will the employees privacy be protected?**

Yes. Any individual subject to testing will be permitted to provide a urine specimen in private, in a rest room stall or similar enclosure, so that the employee is not observed. The employee will be accompanied into the rest room by an individual of the same sex who will wait outside the stall while the sample is provided to detect any attempts at adulteration.

An exception to unobserved collection will be made only where collection site personnel have reason to believe the individual may alter or substitute the specimen to be provided or when the basis for conducting the

test is reasonable suspicion or follow-up. In such cases, collection site personnel, of the same gender as the individual being tested, would directly observe the employee provide the sample. A higher level supervisor shall review and concur in advance with any decision to obtain a specimen under direct observation except in cases of follow-up testing.

**What if an employee or applicant refuses to appear for testing?**

An employee who fails to appear for testing without a deferral will be subject to disciplinary action. If an applicant for employment refuses to participate in testing, the tentative offer of employment will be cancelled.

**How can I be sure the test results are actually mine?**

The Department of the Navy Program, as required by Health and Human Services (HHS), mandates a strict "chain of custody" to ensure no specimen mix-ups. Chain of custody procedures in Department of the Navy's testing program ensure that the urine sample taken from an employee is properly identified and is not accidental-

ly confused with any other sample. These procedures apply when collecting, transferring, analyzing and storing the sample. Each employee will be required to sign or initial the bottle used to transfer the sample to the testing laboratory to certify that it contains his or her sample. The bottle will then be sealed. With each subsequent transfer possession of a specimen, a chain of custody form will be dated, signed, and annotated as to the purpose of the transfer. This provides for control and accountability from the point of collection to the final disposition of the sample.

**How reliable is the test itself?**

At the laboratory, any specimen identified as positive on the initial screening test will be subject to a second screening test and if positive, then subject to confirmatory test using gas chromatography/mass spectrometry (GC/MS) techniques. This is regarded as the most accurate confirmation process by both the scientific and legal communities. GC/MS technology has been used for many years by forensic toxicologists and

medical examiners for police, legal and court work. These tests will be conducted by the Navy drug screening laboratories which have established a record as being among the best, most accurate laboratories in the country.

**Do drug tests reveal the recency or frequency of drug usage, the quantity of the drugs used, or the degree of impairment caused by drugs?**

No. A drug test can indicate only that an illegal drug was used based on the drug metabolites that show up in the urine.

**If an employee tests positive, who will be notified by the laboratory?**

The drug testing laboratory may only disclose confirmed laboratory test results to the medical review officer (MRO) for the employee's activity.

**What does the Medical Review Officer do?**

The MRO is a physician, designated by the activity to receive test results, who must be knowledgeable in the medical use of prescription drugs and the pharmacology and toxicology of illicit drugs. The MRO will

afford an individual who has tested positive the opportunity to discuss the test result. The employee will be given the opportunity to medically justify the result by identifying and documenting the use of over-the-counter or prescription medications which might have caused the positive test. An employee may present any information which he or she believes is relevant to the MRO. Also, an employee will have the right to representation during his/her interview with the MRO.

**What happens if the laboratory test is positive?**

It is important to remember that a positive test result does not automatically identify an employee or applicant as an illegal drug user. The MRO will assess whether a positive urine test may have resulted from legitimate medical treatment or from some error in the chain of custody or laboratory analysis.

*(Editor's note: The remaining questions will be published in a future issue of Red Rover. For information, call Penny Becchio at Civilian Personnel, ext. 3-6374.)*



# Welcome Aboard Rear Admiral William A. Buckendorf



The Navy's First Commissioned Hospital Ship

## The Red Rover

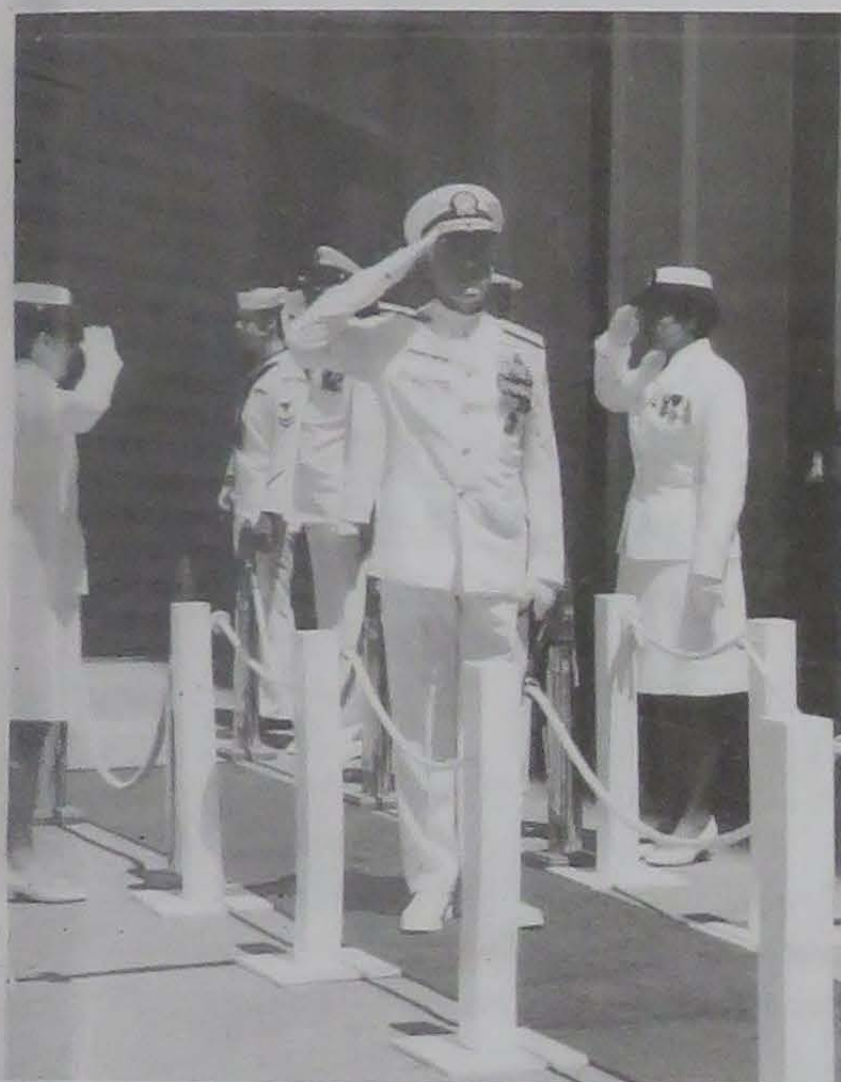


Volume 3-Number 35

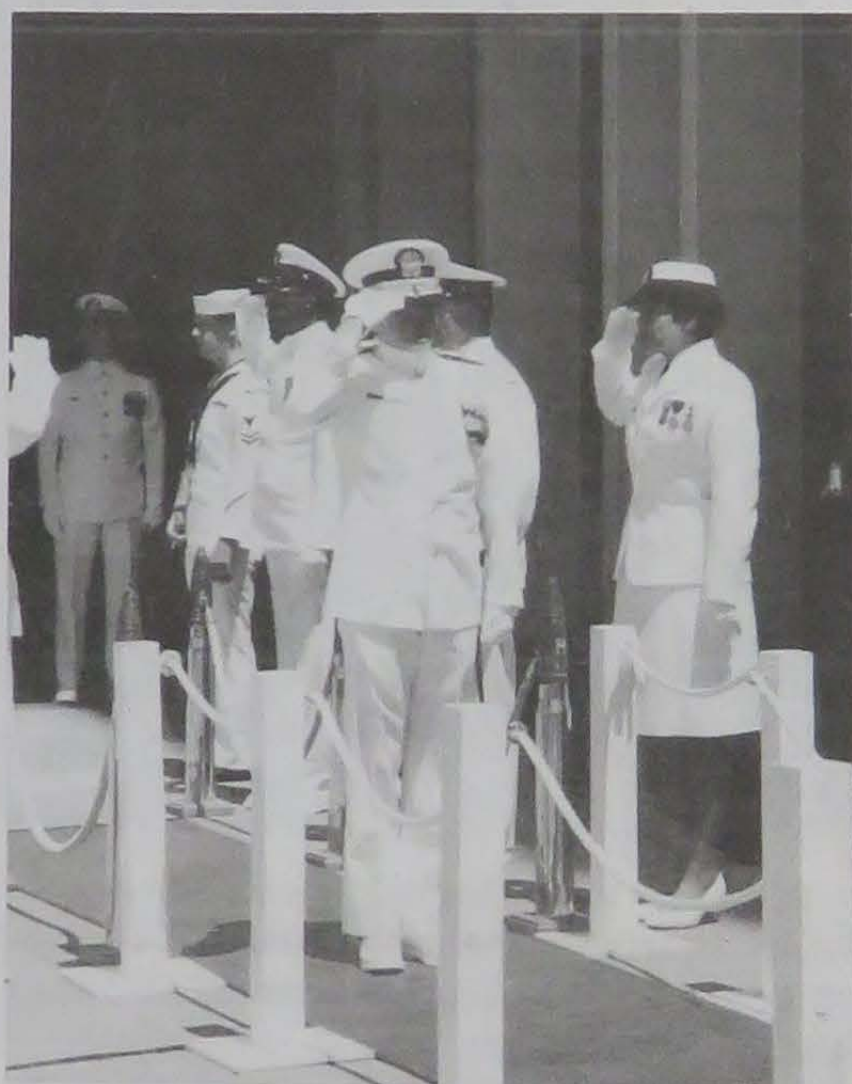
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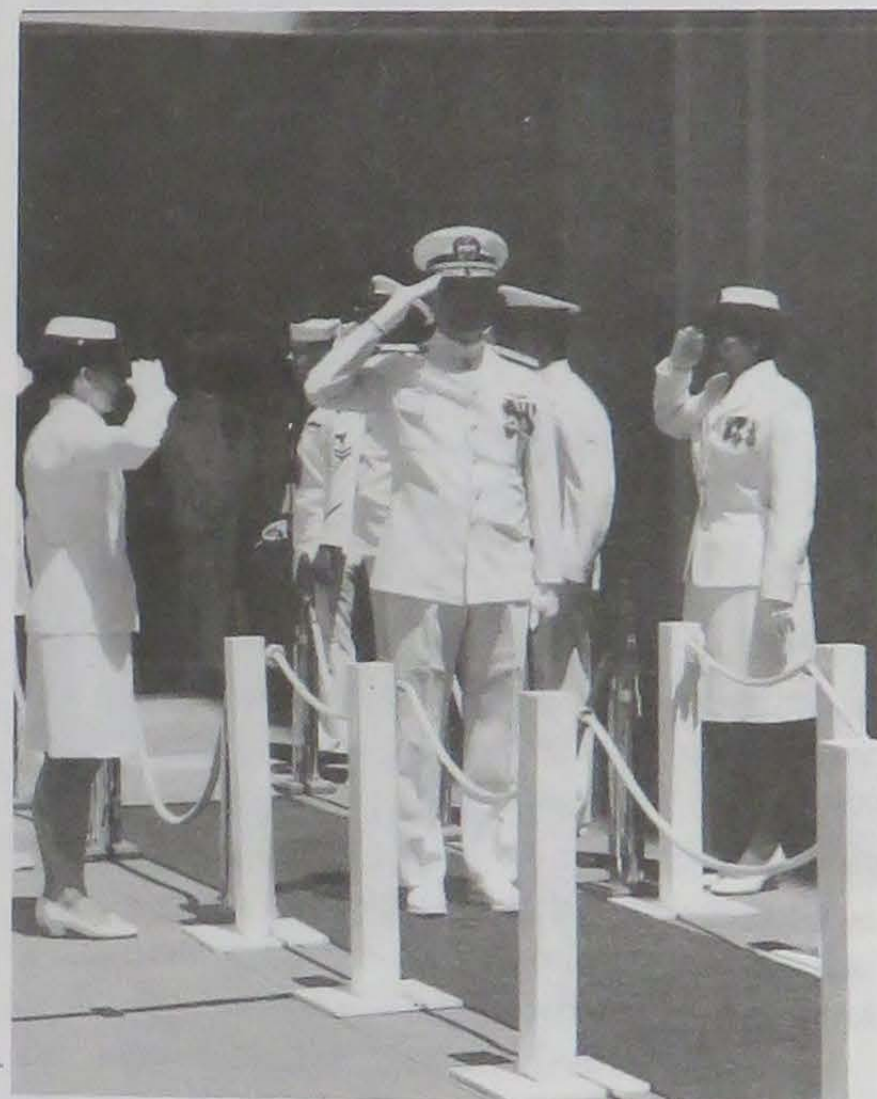
## Naval Hospital Oakland's Change of Command



Rear Admiral John Bitoff  
Commander  
Naval Base San Francisco



Rear Admiral William A. Buckendorf  
Commander, San Francisco Medical Command  
CO, Naval Hospital, Oakland



Rear Admiral David M. Lichtman  
former Commander, S.F. Medical Command  
CO, Naval Hospital, Oakland

## USNS Mercy returns with shipload of memories

By Andree Marechal-Workman



NHO -- USNS *MERCY* (T-AH 19) and its crew received a star-spangled welcome from thousands of exuberant Bay Area fans, as it moored at Oakland Supply Center's Pier 5 the morning of April 23. The 894-foot floating hospital ship, escorted by a flotilla of smaller boats crowded with cheering family members and friends, steamed under the Golden Gate Bridge at around 8 a.m. and sailed into a down-fall of yellow flower petals.

More than 650 members of the crew -- many of them from Oak Knoll -- had been flown back from Bahrain in early March and were already back at their duty stations. Left with more than 500 Navy and civilian personnel aboard, the big white ship

returned home after standing by for eight months in the Persian Gulf, always ready to handle whatever might come her way. In a few breaths of time -- with the welcoming handshake of the Navy's 30th Surgeon General, Vice Admiral James A. Zimble and then Naval Hospital, Oakland's (NHO) commanding officer, Rear Admiral David M. Lichtman, departing crewmembers seemed to forget the danger, the boredom, the stress many said they had experienced. But, what they probably will not soon forget are the memories.

For many, the highlight of their deployment was welcoming the 21 Americans and two Italian former prisoners

See Homecoming (centerfold)

Hundreds of relatives, friends and fellow military service members were on hand to greet the USNS *Mercy* (T-AH 19) crewmembers returning from a eight-month deployment to the Persian Gulf in support of Operation Desert Shield and Desert Storm. (Official U.S. Navy Photo by JOSA Kyna S. Kirkpatrick)



## Perspectives

### The Executive Officer

## Welcome aboard Rear Admiral Buckendorf; "fair winds..." Rear Admiral Lichtman

Captain Noel A. Hyde, MSC, USN

Spring is always a pleasant and joyful time of year at Naval Hospital, Oakland. However, this year it will be tinged with sadness as we say goodbye to our admiral and respected Commanding Officer Rear Admiral David M. Lichtman.

We all wish him, Frankie and Betsy, "fair winds, following seas and Godspeed," as they leave our "Special Place."

We would also like to wish him the very best in his new assignment as Commander, National Naval Medical Center Bethesda, Md.

There is no doubt that his vision and infectious energy will have many positive effects at NHO, long after his departure.

While we are sad at the leaving of Rear Adm. Lichtman and his family, we are pleased to welcome our new Commanding Officer Rear Adm. William A. Buckendorf, MC, USN to Naval Hospital, Oakland.

We look forward to his inspiration and guidance, and are eager to show him our professionalism, dedication and enthusiasm.

We are confident that he will recognize our ability to provide high-quality health care to our beneficiaries and will witness our outstanding support for him, as our new commanding officer.

I believe change is one of the strengths of the military system. New people bring new ideas, experiences, training and opinions to the organization.

We acquire new knowledge and perspective and benefit by learning new ways of completing old tasks more efficiently and effectively.



In addition to our change of commanding officers, we are approaching a peak Permanent-Change-of-Station (PCS) season. As a result, we will be seeing many more new faces.

As the "old-timers," we have a responsibility to warmly welcome them to our community and allow them to utilize their knowledge to the fullest.

As our current friends and colleagues leave us for other assignments or, perhaps, are released from active duty, they must know that their contributions to the care of our active-duty men and women and their families in the Bay Area have been outstanding, and have certainly held with the highest traditions of the Naval Hospital, Oakland.

## Welcome back NHO professionals

**Editor's Note:** This was the last CO's column by then NHO Commanding Officer Rear Adm. D.M. Lichtman.

Home is where our heroes and heroines belong. Nowhere is this more evident than at Oak Knoll.

In four short days in August, you -- over 600 people responded to the call of your country and mobilized to the decks of the *Mercy* and the sands of Saudi Arabia. In addition to coping with a myriad of last-minute military requirements, you contended with family separations, financial obligations, social responsibilities and conflicting professional commitments.

It wasn't easy, but you accomplished miracles in record-breaking time. While demonstrating what could be done under adverse circumstances, you succeeded where others might have failed.

Most certainly, Oak Knoll has people second to none. During your deployment, Oak Knoll survived. We learned how to do things differently, and with less people. We got by with a lot of help from our friends -- the activated reservists.

They were the command's lifeblood in your absence; we couldn't have done it without them.

Yet, they too are leaving us soon. Their departure will further test Oak Knoll's ability to adapt. The imminent vacuum can only be filled with the best and most highly trained professionals in the Naval Medical Department -- you, the people who make Oak Knoll a special place. As you return to a heroes' welcome, enjoy - you deserve it.

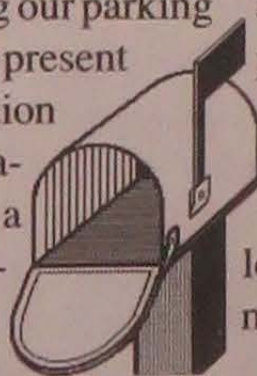
You are military and professional heroes. We're proud to honor you for your sacrifices in making Operation Desert Storm so successful. Welcome back to your Oak Knoll family. We missed you.

-- Rear Admiral David M. Lichtman

## Listening Box

**Q: What can the hospital do to improve patient parking and transportation from the parking lots to the main hospital?**

**A:** I receive numerous inquiries regarding our parking situation. Presently, several important steps are being taken to improve the present requested the Bay Area Seabee Construction shuttle waiting areas at four different locations as a new parking area. In addition, a reinstituted until a dedicated patient trolley system arrives and can be implemented. We continually strive to recognize and value your input.



D.M. Lichtman, former commanding officer, Naval Hospital, Oakland

### Red Rover

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**Editorial Assistants**  
HM3 Melinda S. Bernard  
JOSA Kyna Kirkpatrick



## OAK KNOLL NEWS



### U.S. Savings Bond Drive

In 1991 we will celebrate an American tradition -- 50 years of U.S. Savings Bonds.

During the past 50 years, savings bonds have made it possible for millions of Americans to meet many of their personal goals, and fulfill their dreams.

While savings bonds have had a long history of success, they are now geared towards the future - the next 50 years. U.S. Savings Bonds are no longer a fixed rate security.

Today's bonds enjoy the advantages of variable rates in a changing market, freedom from state and local income tax, ease of purchase and guaranteed safety.

In addition, bonds purchased in 1990 or later offer the benefit to qualified buyers of tax free interest, if used for educational purposes.

The Navy will conduct its Savings Bond campaign from April 1 to May 30, 1991. All military personnel are encouraged to invest in America, while at the same time, saving for themselves and their families.

For more information, call Lt. Jennifer Abasalo or Petty Officer 3rd Class Tim Huizar at 633-5070.

### Korean War Memorial Coin Available

In honor of the 38th anniversary of the conclusion of the Korean War and the 1.5 million Americans who served from 1950 to 1953, a commemorative silver dollar was minted.

U.S. Treasurer Catalina Vasquez Villalpando announced on April 17, the sale of the 1991 Korean War Memorial Coin, a limited edition silver dollar. The coins will be available to the public through May 31, 1991 -- while supplies last.

A portion of the proceeds will be contributed to the Korean War Veterans Memorial to be built in Washington, D.C.

## Navy women get "Chance of a Lifetime"

By Melinda S. Bernard

NHO -- Some people spend their lives waiting to win the lottery; others anticipate the day they will meet the president or some other VIP.

For most women in the Navy, their "seemingly endless wait," has been to experience life out at sea and directly assist in defending the interests of the United States -- at peace or in war.

That wait finally ended for the Navy women deployed aboard *USNS Mercy* (T-AH 19), which recently returned from the Persian Gulf in support of Operation Desert Shield and Desert Storm.

"Going to sea and going to war has long been a male-dominated adventure and education," said Lt. Cmdr. Carol Bohn, who was Head of Education and Training aboard *Mercy*. "I now know what it's all about. Some of it is painful and hurts -- but, I have a right to know how that feels. Now, I do. I have waited for almost 30 years to serve in a war zone and on a hospital ship."

**"...I felt this was  
the only chance I  
would get to go. --  
Lt. Cmdr. Carol  
Bohn"**

Bohn was a Navy nurse during Vietnam, but she was "reluctantly" discharged in 1969 because she became pregnant. In 1977, when the law barring women with dependents from pursuing careers in the military was revised, Bohn was recommissioned. She said that for years she has continued to prepare for the inevitability of war. She optimistically believed that, like her male colleagues, she too, would one day be permitted to perform a vital role during war and get the chance to use her critical skills and do her "fair share."

After three years in the Navy and the realization that for female Medical Service Corps (MSC) officers it was virtually impossible to serve aboard ship, when Lt. j.g. Finley first discovered that *Mercy* was pulling out to sea and that women were going to be part of the crew, she did everything in her power to get her name on the list of people to be deployed. "I'm a health care administrator, and I felt this was the only chance I would have to go," she said, adding that male MSC officers can go on large ships with medical companies, but that there are virtually no billets for females.

Although the "circumstances weren't the best," Finley said she would do it again. "I'm glad I was on the *Mercy* and think that we were lucky. I don't think I'll ever be that close to being a part of history again."

For Vietnam veteran, Hospital Corpsman Master Chief Petty Officer Clifton Carter, it was the first time he experienced working with military women in a hostile environment.

He was not aboard *Mercy* but served with the Marines in the desert during Operation Desert Shield/Storm. He said that although women have

always fought in wars, this was the first war in which women have played such a large role.

"This is going to affect how we look at war and having females involved in it," he said. "They pulled their own, there's no doubt about that." Serving in war with women forced "reality to hit in a strong way."



Lt. Cmdr. Carol Bohn, points to her name on Command Education and Training "welcoming wall" for returning *USNS Mercy* staff members. (Official U.S. Navy photo by JOSA Kyna S. Kirkpatrick)

He reflected that once, looking at a female Marine in the field, he thought to himself, "God, that woman must be miserable not being able to do all the things they usually do with their hair. And then I realized, hey, I can't shave like I want to shave either; I can't go to the barber shop. So I said to myself, poor me too, eh, no big deal. I figured, she doesn't have to worry about it either, and she looks pretty cool about it."

Although this was the first war mothers were permitted to fight in, it was not the first war in which women have fought. As Bohn points out, "Women have always been in wars and died. It just wasn't highly publicized."

American society has had a difficult time accepting so many women (including moms) in this war. Mass media made this quite clear by focusing upon this dimension since the deployment of the first women to the Gulf in late August.

Perhaps it is now time for society to "face squarely the fact that women do not need to be protected," said Bohn.

"The military cannot continue to relegate 50 percent of its population to noncombatant billets if it wants to have the numbers to get the job done."

Admiral James B. Kelso II summarized the issue best in his message regarding the progress of women in the Navy.

"I am committed to eliminating any circumstance that would undermine their ability to contribute to our collective reputation as the world's finest Navy," he wrote.



# Homecoming (continued from Page 1)

of war (POWs) after they were released by the government of Iraq.

"They came in two groups," said Capt. Richard Osborne, Medical Corps.

"The first group had about six POWs who made up an interesting mixture. Lt. Zaun was a nonstop talker; a sort of bubbly guy, who wanted to talk immediately. His pilot, Bob Wetzel, was just the opposite. He was quiet, and it was important to let him have time."

In fact, Osborne, who was *Mercy's* head of the Department of Medicine and medical coordinator for the POWs, said that it was essential to let the former prisoners set their own pace -- "...to let them unwind and realize that they were safe in their own way."

This was especially important, Osborne added, because some had been beaten and even tortured -- for example, "the Air Force captain whose ears were hooked up to electrodes when he refused to make a statement on TV."

Although most of the people interviewed agreed that the reception of the POWs

was indeed an especially poignant moment of the deployment, the time when *Mercy* pulled alongside *USS Independence (CV-62)* also stands out in their minds.

"I think it was September 14," said Cmdr. Deborah Wear, Medical Corps, who was head of the ship's Psychiatry Division.

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**"I think the world will remember how effectively we did our jobs. -"  
HM1 Raphael Sanchez"**

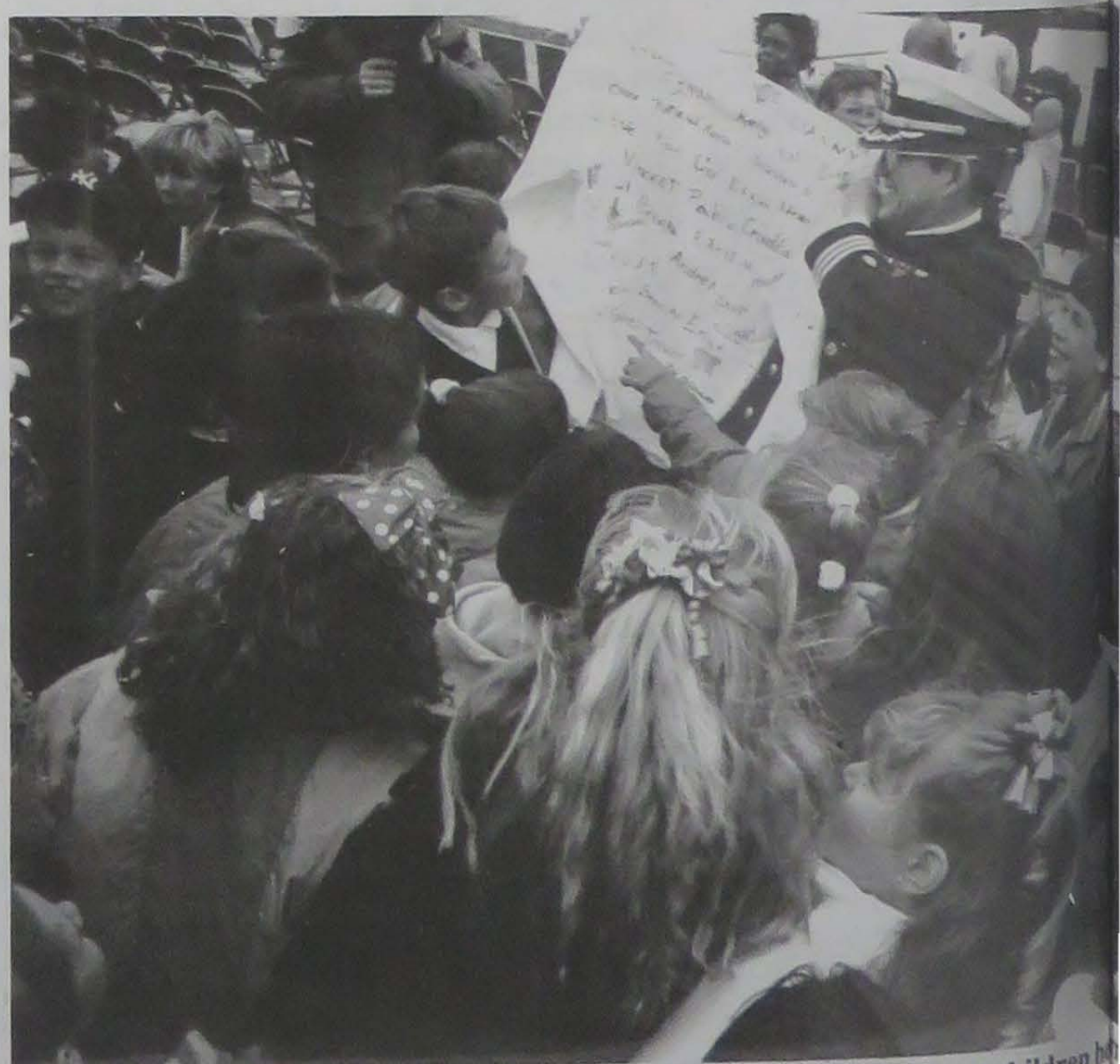
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"The *Independence* came beside us and it was one of the most amazing things to be able to shout greetings back and forth."

In the words of Osborne, "It was like a piece of home was near us. After weeks of being all alone in the Gulf, it was really moving to be right beside them, to know that someone was actually out there." The friends he's made,



Hundreds of friends, family and Bay Area servicemembers were on board during USNS *Mercy's* deployment. (Official U.S. Navy photo by JOSA Kyna S. Kirkpatrick)



Cmdr. Ernest Ghent received a rousing homecoming from school children during USNS *Mercy's* deployment. (Official U.S. Navy photo by Andree M.)





greet returning *USNS Mercy* crewmembers. (Official U.S.



Capt. Ray Addicott, commanding officer, Military Sealift Command, Pacific and Rear Admiral David M. Lichtman, MC, former commanding officer, Naval Hospital, Oakland were on hand to greet returning crewmembers from *USNS Mercy*. (Official U.S. Navy photo by Andree Marechal-Workman)

the experiences he's shared and the support of the American public are foremost in the mind of Hospital Corpsman 1st Class Raphael Sanchez, Intensive Care Unit Leading Petty Officer.

"I think the world will probably remember how effectively we all did our job," he declared proudly.

Then there was "the terror" which Yeoman 3rd Class Daren Holt, of Education and Training, said that he felt at the thought of the casualties they might receive; added to the stress of "never knowing

exactly what was going to happen--" a sentiment echoed by the ship's Administration Officer, Cmdr. Ernest Ghent, who added uncertainty as a factor of anxiety difficult to forget.

"In Vietnam, at least you knew what was happening day-by-day," said the Vietnam veteran Ghent.

"You knew pretty much where you were going; what to do under certain circumstances.

But with this operation, we never knew what was happening the following day and

that was very frustrating."

The ship's executive officer, Capt. Michael Roman, Medical Service Corps, spelled it out best in the last issue of *The Pulse*, the ship's newspaper:

"Wog night and the shellback ceremony; a young lady telling me that before the missile scare, 'I thought I'd die,' meaning she was embarrassed; lobster and roast beef at the celebrity dinner; the reservists arriving; getting mail from people I haven't heard from in years."



sponded with  
-Workman)



## Naval Hospital Oakland Staff Members Up-Close

### Cmdr. Roberta L. Price, NC, USN

**Current career area:** Surgical/Psychology Alcohol Rehabilitation Department.

**Job:** Department head responsible for patient care on surgical wards.

**Marital status:** Single.

**Hometown:** Arlington, Virginia.

**Hobbies:** Running, watching classic films and collecting model cars.

**Likes:** Privacy, honesty and a sense of humor.

**Dislikes:** Deceit and inflexibility.

**What was the most challenging part of your job on the *Mercy*?** Keeping the staff busy and stimulated.

**What is your immediate goal?** To improve my Spanish; and "get back to normal" after the deployment.

**What is your long-term goal?** To eventually retire from the Navy and begin a new career.

**Role models/heroes:** Capt. DePrima, Bo Jackson and our reserve Nurse Corps officers.



### HMC Cipriano F. Mata

**Current career area:** Alcohol Rehabilitation Department.

**Job:** Manage the supervision of junior enlisted staff, conduct sick call and safety supervisor.

**Marital status:** Married.

**Spouse:** Elizabeth Cipriano.

**Children:** Ian-Cip Cipriano, 7; Rhea Beth Cipriano, 4.

**Hometown:** Zambales, Philippines.

**Hobbies:** Playing chess, basketball and bowling.

**Likes:** 4.0 sailors.

**Dislikes:** Hypocrites, chronic complainers and manipulators.

**What was the most challenging part of your job on the *Mercy*?** Keeping coworkers and subordinates in line.

**What is your immediate goal?** To make senior chief.

**What is your long-term goal?** Getting my children to complete college.

**Role models/heroes:** Abraham Lincoln, John F. Kennedy and Ferdinand E. Marcos.

**Special Comment:** Let me join a lot of people in expressing great appreciation to the reservists who made tremendous sacrifices as a result of their activation. "Thank you very much for being a part of Desert Shield/Desert Storm."



### HN Scott A. Spaulding

**Current career area:** Main Operating Room.

**Job:** Operating room technician -- the care of patients during surgery.

**Marital status:** Married.

**Spouse:** Tina Louise Spaulding.

**Children:** Brian Scott Spaulding, 14 months.

**Hometown:** Morris, New York.

**Hobbies:** Swimming, running, biking and hiking.

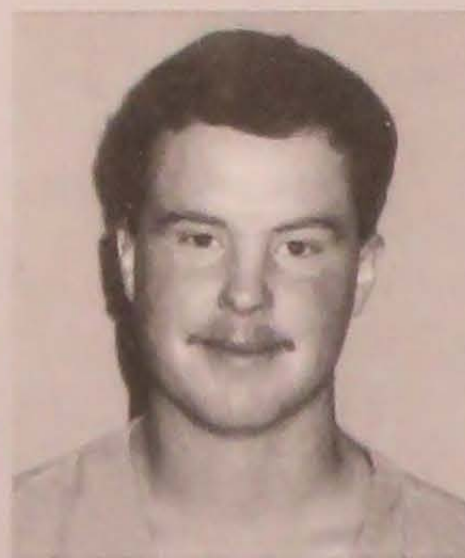
**Likes:** Honest people, a clean environment and time alone with my family.

**Dislikes:** People who abuse rank; and the waste and abuse of the outdoors.

**What is your immediate goal?:** To finish my nursing degree, move to Oregon within the next year and spend more time at home.

**What is your long-term goal?:** To get my bachelor of arts degree in nursing and to move to Washington State.

**Role models/heroes:** Greg Lemond.



## Naval Hospital, Oakland holds National Disaster Medical System meeting

**NHO --** At 12:30 p.m. on April 17, 1991, a major earthquake of 7.5 magnitude on the Richter Scale hit the Hayward Fault, devastating the Bay Area and leaving Naval Hospital, Oakland (NHO) with only partial power and lights and virtually no communication with the outside community. USNS *Mercy* (T-AH 19) was still five days away from port -- too far away to lend a hand.

This wasn't the real thing. It was a scenario presented by Michael Ragone, director; and Laura Phelps, assistant director, of Alameda County Regional Ambulance Service, when they met with then NHO Commanding Officer Rear Adm. David M. Lichtman, and his staff to test the command's disaster preparedness.

The scenario was in several acts, and included a number of calamitous mishaps requiring quick thinking on the part of NHO's key players.

But, whether the plot leaked gas in the Laboratory, broke water mains in Bldg. 500, or brought a bus load of critically injured 10- and 11-year-old blind children to the gates, command control had a ready answer.

"This is a problem-solving exercise," said Ragone, complimenting the command for its organizational skills. "You are a lot more structured than other hospitals. Most [civilian] hospitals just don't seem to have the answers. It seems like it was a lot easier for you to deal with disasters than [it was for] civilian health care organizations."

## Chaplain's Corner

By Cmdr. Allen S. Kaplan, CHC, USNR

As a reservist performing my annual training at Naval Hospital, Oakland (NHO), I have the opportunity to observe the operation of this medical facility with a certain amount of objectivity. I have no hidden agenda, nor do I have "an axe to grind."

From the very beginning of my tour of duty, I have been impressed by the manner in which this hospital functions. This is especially impressive because of the fact that a significant number of the military personnel on board are reservists who were recalled to temporary active duty. In my opinion, all of them, active duty and reservists, perform their duties with a high degree of professionalism.

During the course of my duty I have seen the outstanding way in which physicians, nurses and technicians have responded to medical crises. Their skills, coupled with their dedication, testify to the high quality of medical care at this facility.

As I prepare to leave NHO, I want to share with you the respect for the outstanding manner in which each department functions. You should be very proud of yourselves.



# Desert Stormers

## How they lived through Persian Gulf crisis

By HM3 Melinda S. Bernard

*USNS Mercy (T-AH-19) recently returned from an eight-month deployment to the Persian Gulf in support of Operation Desert Shield/Desert Storm.*

NHO -- For most Desert Stormers, the Gulf crisis was primarily an intense mental strain — a military exercise in a hostile environment on the brink of erupting into war. The long, seemingly endless days were full of drills and psychological preparation for the anticipated worse case scenarios: the expectation of thousands of casualties, days of working 24-hour shifts, anticipated chemical, biological and radiological gas attacks, or SCUD missile attacks. "We were bored to death — hated not to do anything, but of course we didn't want to do anything either, because that would mean people were suffering. That was the underlying tension between those two realities," said Capt. Richard Osborne, See Marines (Back Page)



HM2 Perez (l.) and HMC Carter, both from Camp Pendleton, take a moment to relax while in the Persian Gulf participating in Operation Desert Shield and Desert Storm. (Official U.S. Navy Photo)

### After a Job Well Done!

## Oak Knoll reservists going home

By Andree Marechal-Workman  
HM3 R.E. Quines

NHO --As Oak Knoll Desert Stormers, one-by-one or several at a time, return to their former duty stations, the stalwart reservists who kept the command's services going during the military crisis are beginning to see the light at the end of a tunnel of sacrifices. Not that they resent the sacrifices, they're happy to have been able to do their share in helping the country in its time of need.

**"...without the resersists, the care that NHO normally provides...would have been drastically reduced..."**

**-- Capt. Stephen Veach**

"I don't know if anybody other than the reservists who worked here will ever fully appreciate how difficult it was for all of us," said Capt. Carole Jewett, Nurse Corps, Associate Director of Inpatient Services. "We have our own casualties -- mental health, physical well being -- but we helped each other and we managed to accomplish a lot in spite of the situation."

In the final analysis, Jewett added, she came out with memorable experiences and new friends she made from among coworkers at the hospital.

According to Capt. Stephen Veach, Medical Corps, Director of Medical Services, without the reservists, the care that Naval Hospital, Oakland (NHO) normally provides the beneficiaries would

have been drastically reduced because of the exodus of medical personnel to the Persian Gulf.

One of the many reservists who helped NHO maintain medical care is Capt. Daniel Benson, Medical Corps, a spine surgeon at the University of California, Davis, Medical Center in Sacramento.

"I feel good that I was able to help my fellow servicemen during the crisis," said Benson.

"The experience has served me well, and I can now resume my position as professor of orthopedic surgery at the [Medical Center]."

Benson, who assumed the leadership of Oak Knoll's Orthopedic Department after deployment of its physicians to *USNS Mercy* last Summer, said he provided the necessary training for interns and technicians.

"I have nothing but good feelings about the support we got [from the command]," Benson continued, adding that this very positive experience contributed to his decision to remain in the reserves.

Another reservist who came to the rescue is Lt. Cmdr. David Doyle, Medical Service Corps, who took over the Manpower Department after it was decimated in the wake of Operation Desert Shield deployments.

Most of his Navy training had focused on patient administration and he said that, at first, he had "a lot of anxiety" about the Manpower job.

But with people like Senior Chief Petty Officer Anthony Trujillo and Hospital Corpsman Petty Officer 1st Class Alan Buchholtz showing him the

ropes, Doyle added that he was able to get the job done competently within weeks of his takeover.

"Now I feel that I can do anything I am tasked to do," he said confidently, emphasizing that he was also able to bring new energy and new ideas from civilian life to the position.

In a nutshell, Doyle said with conviction, "We really have shown our color in this conflict."

Hospitalman Barbara Katz is "ready to go home and very happy" about the idea. Recalled to active duty in August, Katz is currently working as delivery corpsman in NHO's Nursery.

**"We made it work. We did our best!"**

**-- Capt. Carole Jewett**

Like many of her fellow reservists, she is looking forward to going back to her civilian job, being together again with her family and friends, and going back home and pursuing her dreams.

But she can also look forward to sharing her pride for the sacrifices she made in taking part in her country's historic effort to secure peace in the Middle East.

And as Jewett aptly concluded, "We did a great job. Now that people from *USNS Mercy* are back, they can see what we did. They can take it from there, and we'll be right here when we're needed. We made it work. We did our best!"



## Navy Achievement Medals

### Third Award

Hospital Corpsman 1st Class Donald Keen

### Second Award

Lt.Cmdr. Christian Egly

Hospital Corpsman 1st Class Danette Weller

Hospital Corpsman 2nd Class Cynthia Malone

### First Award

Lt. Glenn Conte

Lt (.j.g.) Geralyn Haradon

HMC John Calderon

HMC Daniel Sweeney

HM1 Cirilo Biascan, Jr.

HM1 Douglas Gadeberg

HM1 George McNamee

HM1 Martin Millage

HM1 Mario Tanguilig

ET2 Steven Althaus

HM2 Lori Cava

HM2 Dren Hankins

HM2 Pablo Lopez

HM2 Anthony Schroeder

HM2 Seleaina Thomas

HM3 Robert Bagley

HM3 Class Michael Harris

HM3 Ross Osten

YNSN Charles Brooks

## Marines (continued from page 7)

head of the Department of Medicine aboard *USNS Mercy (T-AH 19)*.

According to Osborne, although these drills and mental preparations continued throughout the long months far away from home, stress was heightened by the knowledge that they would not know how they would react if the hellish realities of war actually occurred.

As hostilities heightened, "reality" inched closer and closer each day.

Other Stormers — those who were attached to the Marine units in the desert — viewed the events of war as participants.

"It definitely kept my nerves on edge," said Hospital Corpsman Master Chief Petty

Clifton Carter, "because I was watching the Iraqis and they were watching me, and if you could see them, that meant that you were in gunfire range. So, at all times my senses were extremely sharp, and I stayed somewhat on edge with excitement."

Carter, who served as the senior enlisted in charge of the Battalion Aid Station for the 3rd Marine Reconnaissance Division, said that the junior corpsmen had to deal with the nervous anxiety on a daily basis:

"They had to be extremely aware of safety, flack jackets and helmets. They had to be aware of the soldiers who were around them at all times. They performed fantastically." Whether the Stormers were

in the desert or on the *Mercy*, they all endured experiences that will remain a part of them forever.

One of the things that I think of most," said Carter, "is that I really appreciated — and don't think a lot of sailors and Marines have had the chance to say it, yet — knowing how much we were appreciated from this end...the encouragement that was in the letters."

"That was the kingpin for a lot of our successes."

Carter continued, "A lot of times it kept us going — knowing that somebody back home appreciated what we were doing. It kept us pushing, and that's what makes me so proud to be from Oak Knoll."

## Civilian News

### Civilian Drug Free Workplace

By Herb Linderman

**NHO --** In previous issues of *Red Rover*, questions and answers were published, explaining how the Navy's Drug Free Work Place (DFWP) plans to reach the goal for civilian employees. Since that time, we have been publishing further questions and answers that bring DFWP into focus. Following, are the final questions and answers. **What records are being kept of the testing? Will the test results be part of an employee's OPF?**

Test results will not become a part of the employee's Official Personnel File (OPF), but will become part of the "Employee Medical File System of Records." There are legal safeguards against inap-

propriate disclosure of test results. **What if an employee is found to use illegal drugs?**

The Department of the Navy is committed to providing employees with drug problems assistance in overcoming the problem.

Therefore, if an employee has used illegal drugs, he or she will be referred to the Civilian Assistance Program and given the opportunity for counseling and rehabilitation. **Will an employee be fired for illegal drug use?**

The severity of the disciplinary action taken against an employee found to use illegal drugs will depend on the circumstances of each case and may range from

reprimand to removal.

In any case, the activity must initiate disciplinary action against any employee found to use illegal drugs, except for an employee who voluntarily admits to illegal drug use under the "safe harbor" provision.

For a second finding of illegal drug use, removal action must be initiated. **Who can I contact for more information?** Hal Heibert is the drug program coordinator.

Gloria Grace is the Civilian Assistance Program Manager at ext. 3-5380 and Penny Becchio is the Civilian Personnel Department contact at ext. 3-6374.

### Incentive Awards Program

**NHO --** With the successful conclusion of Operation Desert Storm and the return of the *USNS Mercy (T-AH 19)* and troops deployed to the Marines, we begin to focus on our return to normal operations.

As we do this, keep in mind that now is the time to recognize and honor the contributions of our civilian employees.

The Incentive Awards Program is the best way to recognize civilian employees

who provided essential support to Operation Desert Shield and Desert Storm.

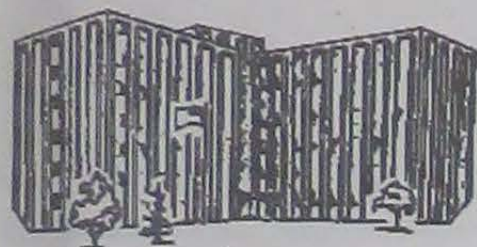
If you need assistance in preparing an award nomination, contact Sydney Santos at 633-6374.





Flag Day June 14

Happy Father's Day  
June 16



The Navy's First Commissioned Hospital Ship

# The Red Rover



Volume 3-Number 6

Naval Hospital Oakland, California 94627-5000

June 14, 1991

## Letterman Army Medical Center retires colors -- June 8, 1991



On June 8, the Presidio of San Francisco and Letterman Army Medical Center (LAMC) retired its colors and raised a new flag to reflect downsizing to a 100-bed Army community hospital. Shown in front of the hospital is the Letterman Color Guard presenting LAMC's old colors to U.S. Army Lt. Gen. Frank Ledford Jr., Surgeon General of the Army, Brig. Gen. Leslie M. Burger, Commander, LAMC, and a distinguished audience of Army personnel and civilians from the San Francisco Bay Area. (Official U.S. Navy photo by A. Marchal-Workman)



The U.S. 6th Army Band led by Sgt. Maj. Richard Avalos and CWO Orville Gannon treats the audience with marches by John Philip Sousa and other American composers. (Official U.S. Navy photo by A. Marchal-Workman)

## Corpsmen excel during Operation Desert Storm

By Andree Marechal-Workman

NHO -- Dedication and compassionate service have been hallmarks of the Navy Hospital Corps since its creation was officially approved by an Act of Congress June 17, 1898. And as the sun rises over the Corps' 93rd birthday, recent events of Desert Storm thread their own motifs of valor into the rich tapestry of its history.

This is especially true of Naval Hospital Oakland, who deployed 127 corpsmen to Fleet Marine Force, spicing the annals of the Corps with both a Purple Heart and a recommendation for a Navy Commendation Medal with Combat "V" (valor).

**"... [Dayrit] came to epitomize the true spirit of the Hospital Corps."  
-- HMCM Clifton Carter**

On Feb. 26, Hospital Corpsman Petty Officer 2nd Class Robert Carr said he was moving into Kuwait International Airport when a firefight broke out between his Marine unit and Iraqi troops.

"The vehicle in which I was riding was hit by a grenade," he recalled, "injuring me and the gunner," although he said he hadn't realized at the time that he'd been hit. "I rendered first aid to the gunner, medevaced him out, then continued with the mission.

"Two days later, I went to the Battalion Aid Station (BAS) because my scalp hurt, and discovered I had shrapnel in my head."

On March 23, in Saudi Arabia's Manifah Bay, Carr said he was awarded a Purple Heart by the Marine Battalion Commander, Lt. Col. M. M. Kephart, 1st Tank Battalion, 1st Marine Division, for his "personal sacrifice in combat for country and corps [that] contributed markedly to our victory in Operation Desert Storm and in the foundation and hallmark of the fighting spirit of the U.S. Marine Corps."

According to Hospital Corpsman Master Chief Petty Officer Clifton Carter, Hospitalman Carlos Dayrit "came to epitomize the true spirit of the Hospital Corps."

Carter, who served as the senior enlisted in charge of BAS for the 3rd Marine Reconnaissance Division, explained that Dayrit was not as well trained as his counterparts, but emphasized he had "a thirst for knowledge and the guts and strength to request, (and eventually) become part of a special Marine reconnaissance team as their Doc" -- a strength that eventually earned him the recommendation for a Navy Commendation Medal with Combat "V."

Dayrit remembered that, at the end of January, along with six Marines from Alpha Company of the Third Marine Division, he volunteered to stay behind in the town of Khafji "to observe Iraqi troops' movements and radio information to the commanding officer (CO) of the 3rd Reconnaissance Company at the rear."

(See Hospital Corps Back)



## Perspectives

DESERT  
STORM

# Organizations offer Desert Storm specials for military personnel

By JO1 Bill Miles

Naval Base San Francisco Public Affairs

DESERT  
STORM

**TREASURE ISLAND**-- If you're a sailor who just returned after spending eight months away from home aboard USNS Mercy or Marine ground forces in the desert, you would like people to appreciate all the hard work you experienced. That sacrifice is not being missed by many Bay Area merchants or by organizations and corporations across California and the nation.

There are many great deals and specials available to Desert Storm warriors and their family members, and also for all military, including those who provided support to servicemembers in the Gulf and those who filled in for personnel deployed to the Middle East. The following is a list of many of those great deals, though it is not conclusive. For more information and additional specials, contact your local Family Service Center (FSC) or Morale, Welfare and Recreation (MWR) office.

\* Through July 7, all Carrows restaurants are offering a 20 percent discount on their entire menu for military members. Just present a current military ID card at time of payment. Bullwinkles in Santa Clara is also offering 20 percent off.

\* The San Francisco Giants allow free admission for all active duty military into their home games at Candlestick Park. Just present your ID card at gates C or E. Family members of personnel who were deployed to Desert Shield or Desert Storm may pick up free Giants passes at their local FSCs. The Oakland Athletics are giving away four free tickets to Desert Storm families for their Aug. 5 game. For more information, phone (415) 638-0500.

\* The Napa Valley Wine Train is giving a free train ride to military members who purchase a dinner ticket.

\* Sonoma County is offering a special R & R invitation. This offer includes two nights (Monday-Tuesday) lodging, a Monday complimentary banquet and a Tuesday night complimentary dinner for two, all as their guests.

Hotel and restaurant selections will be made on a random

basis, and will be available for only the following specific dates: June 24-25, July 8-9 and 15-16. There are only a limited number of reservations available, and the invitation is being extended to all returning Desert Storm service people and their spouse/guests on a first-come, first-serve basis. For more information contact the Sonoma County Convention and Visitors Bureau, (707) 575-1191.

\* The USO of Northern California (headquartered on Naval Station Treasure Island) has secured and is distributing products and certificates from Lever Brothers, Mars Corporation, Tupperware and MacDonalds. Their phone number is (415) 391-1657.

\* The Willits, Calif. Frontier Days (up north near the redwoods) would like members of the Navy and Marine Corps from the Bay Area to participate in their celebration June 29 through July 7. This probably will include marching as a unit and "showing the flag." Willits will provide food, lodging and fuel or will reimburse participants for fuel to transport them to and from their home port. All participants will be hosted by Willits and be their guests during the celebration. Any command or interested individuals should contact Lt. Murphy at Naval Base San Francisco, (415) 395-3925.

\* Many theme parks are offering free tickets or admission for active-duty military personnel. These include Disneyland, Walt Disney World, Universal Studios and Anheuser-Busch theme parks (all Busch Gardens and Sea Worlds). Servicemembers can pick up free Disney tickets at their local MWR office. Just present your military or dependent ID for admission to the other theme parks mentioned. These great deals are offered throughout the summer.

\* Through March 8, 1992, and with an announcement certificate printed in many publications and magazines, troops are offered a free weekend night at any Sheraton Hotel in the U.S. For more information/reservations, call 1-800-WAR-OVER. In addition, many other hotels and motels are offering

special rates for military, including: Hilton Hotels (10 percent discount on certain rates); Choice Hotels International; Hyatt Newporter, Newport Beach, Calif., (714) 721-1234; Gateway Plaza Holiday Inn, La Mirada, Calif., (714) 739-8500; Newport Beach Marriott Suites, Newport Beach, Calif., (714) 854-4500; Dream Inn, Santa Cruz, Calif., (408) 426-4330; Crown Sterling Suites, Burlingame, Calif., (415) 342-4600; Conestoga Hotel, Anaheim, Calif., (714) 551-0300; Sheraton Hotel, San Francisco International Airport, (415) 342-9200.

\* Many airlines are offering 70 percent off their fares to military members, most through the month of September and some through Dec. 15. A round-trip fare from San Francisco to Hawaii is as low as \$249 per person.

\* Dolphin Cruises, Norwegian Cruise Lines and Oceania Cruise Lines are offering special military fares.

\* Alamo Rent-A-Car is offering active-duty military and family members the first day free on a three-day or longer rental, and National Car Rental is offering discount military rates.

\* The Outboard Marine Corporation is offering rebates on Johnson and Evinrude outboard engines and electric positioning motors to all military troops on active duty after Aug. 2, 1990, and for products purchased between March 15 and Dec. 31, 1991. Rebates of up to \$400 are available. For more information: (708) 689-5422.

\* The visitor industry of Hawaii has invited active-duty and active-reserve military members to visit their state. Significant discounts of up to 50 percent and more are being offered through Dec. 15 by participating airlines, hotels, car-rental companies and many visitor attractions. A list of companies is available at your nearest Scheduled Airline Ticketing Office (SATO) or travel agent (this list has 23 pages of discounts).

The special program is known as "Aloha R & R."

## Red Rover

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## Oak Knoll Mail Bag

Dear Sir:

I am attempting to write every Naval and Marine Corps shore base throughout the world asking for any item that I can put towards my nephew's already extensive collection.

My nephew, Robert Coates, is 16 years old and when he left school he wanted to join any one of our forces, but sadly, after his 14th birthday he suffered a severe stroke which left him partially paralyzed and without speech. Despite his disabilities, Robert has helped those who are less fortunate than himself.

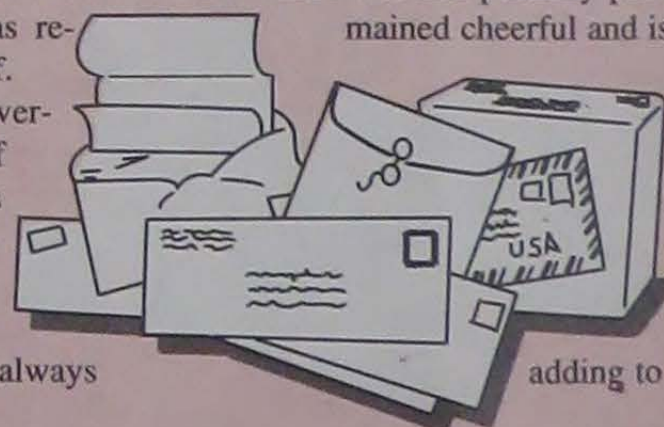
He was recognized for his efforts to overcome by being presented with the British Child of Award in the presence of her Royal Highness Wales at a ceremony in the Guildhall in London. Robert will attempt any sporting event, swimming in which he excels. He has already merited gold and silver medals, and we are always

Since his illness, I have written over 700 letters to all the regiments in the British Army and every ship, submarine and shore base of the Royal Navy, all of whom have sent some kind of collectable item.

I remain yours sincerely,

Malcolm Harper

**Editor's Note:** The staff of Naval Hospital Oakland was deeply touched by Mr. Harper's letter. In response, they sent a command plaque which Robert can add to his collection of military memorabilia. The staff of **Red Rover**, as well as all members of NHO, hope that this small gift will bring him some enjoyment.



come his disability. Achievements of the Princess of Wales on Feb. 6, but his favorite is brought home adding to them on a regular



# OAK KNOLL NEWS



## Electronic Tandem Network

Effective May 17, 1991 at 5 p.m. the Electronic Tandem Network (ETN) was activated. This network provides interconnectivity between all bases currently being serviced by Public Works Center, San Francisco Bay. By dialing 7, plus the three-digit code assigned to the specific base being called, followed by the last four digits of the called station, the call will be processed with no toll charges incurred. The following is a list of the bases and the dial plan to be used to access these bases:

SITE	DIAL PLAN
NAS Alameda	7+263-XXXX
PWCSFB-Cato	7+869-XXXX
WPNSTA Concord	7+246-XXXX
SUPSHIPS Hunter's Point	7+475-XXXX
NAS Moffett Field	7+494-XXXX
DODHF Novato	7+382-XXXX
NAVHOSP Oakland	7+633-XXXX
NSC Oakland	7+672-XXXX
NSC Point Molate	7+231-XXXX
NAVFAWNGCOM San Bruno	7+244-XXXX
NAVSECRUACT Skaggs Island	7+533-XXXX
NAVSTA Treasure Island	7+395-XXXX

## GTE offers special payment arrangements

To show support for all the Armed Forces men and women, GTE California is doing something special for those who served in the Persian Gulf. They are helping those families who had, or continue to have, heads of family or dependents in the Gulf.

The telephone company will assist those families who are faced with large unpaid phone bills they can't pay because their incomes were curtailed during the Gulf War.

Because of regulatory restrictions, GTE California cannot "forgive" the phone bills, but they will allow their customers to set up special payment arrangements. These arrangements will allow payment of outstanding bills over time, without phone service disconnection or a negative credit report.

Point of contact for eligible servicemembers is GTE Public Affairs Department at 1-800-227-5556.

## Volunteers needed for Salvation Army

The Salvation Army needs volunteers to help serve their senior citizens on Father's Day, Sunday, June 16, from 11 a.m. to 1 p.m. at their Silvercrest Residence Dining Room, 133 Shipley Street in San Francisco. Those interested in volunteering should contact Donna Loughran at (415) 777-5350.

## Special invitations for military personnel

\* The Fairmont Hotel in San Francisco has extended its special "Armed Forces" dining program and special room rates for members of the military and their dependents through July 4. For more information contact the USO on Naval Station Treasure Island, (415) 391-1657.

\* Sears is offering a 10 percent discount card to military members, free family portraits and auto inspections. The credit department of any store will validate when shown a military I.D.

## San Francisco Medical Command

# Bridging gaps in military health care

*Editor's note: We've all heard a great deal about the San Francisco Medical Command (SFMC), a multi-service organization located on top of one of Oak Knoll's many picturesque hillocks in Bldg. 62-B. Several articles were published in Red Rover and elsewhere, attempting to explain SFMC's mission and activities, but for many of us, SFMC's raison d'etre remains unclear. The following summary brings into focus the functions of SFMC as they affect (1) Bay Area Department of Defense (DoD) health care professionals; (2) eligible Bay Area beneficiaries and (3) DoD itself.*

By JO1 Kay Lorentz  
Naval Hospital Public Affairs

NHO -- Army and Navy medical personnel involved in providing direct, hands-on health care perform an operational mission. They work arduous shifts, are required to keep current in an ever-changing field and, if military, stand extra duties and watches. They don't have the time or energy to devote to endless meetings and/or to the time-consuming task of identifying a need for a particular piece of equipment and purchase it at a cost that their branch of the military service and DoD can afford.

## -- Everyone wins by sharing knowledge and experience --

This is where SFMC comes in. SFMC is what is known in the military as a "purple suit outfit" -- an outfit composed of more than one branch of the military service. Its key players are Letterman Army Medical Center (LAMC) and Naval Hospital Oakland (NHO). However, other organizations including Foundation Health, a CHAMPUS Reform Initiative (CRI) Advisory Board, the U.S. Air Force and Bay Area Veterans Affairs medical centers are welcome participants in meetings and conferences where experience and knowledge are pooled to the mutual benefit of all parties present.

With such a variety of participants, problem-solving often involves solutions being offered by members who have experienced a particular problem. For example, Naval Hospital "A" needs a medical service at its location. Its staff has checked around, but no commercial outlet can provide it at a cost the naval hospital can afford. Purchasing and maintaining the equipment or supplies involved is not an option. This means added paperwork for health care providers and additional inconvenience to eligible beneficiaries.

The problem is cited at an SFMC meeting. A Veterans Affairs (VA) hospital administrator attending the session says that his facility has a contract for the needed service and suggests that VA and Navy Logistics people get together with the contractor and work a deal. Perhaps the contractor will allow the Navy facility to "piggy-back" on the VA contract or maybe the Navy can share the service at the VA facility at a more moderate cost.

## -- Specialized training made available --

In this instance, the sharing of knowledge and experience has resulted in a win-win situation for the beneficiaries, the health care professionals and DoDs medical departments. The beneficiaries receive additional service at a convenient location with a minimum waiting time. The health care providers spend less time filling out forms and completing the necessary paperwork required if the service is to be provided outside the naval hospital. Finally, DoD can provide additional quality health care service at a reasonable cost. This is especially important in these days of shrinking defense budgets and intense media attention on procurement disasters.



Cmdr. Janet L. Peterson, SFMC director for Health Care Planning and chair, Catchment Area Management Committee (CAMC). The CAMC meets once a month to discuss ways of improving health care accessibility to military beneficiaries. (Official Navy photo by JO2 Stephen Brown)

SFMC also assists in insuring that doctors training in DoD hospitals can receive a variety of graduate specialized training through its participation in the fledgling University of California Davis School of Medicine--sponsored East Bay Consortium of Hospitals. Through the Consortium, graduate-level training in surgery, radiology and other specialty areas is made available to residents in the Bay Area. If a member hospital is not sufficiently staffed or does not offer a specific residency, staff doctors interested in that specialty can acquire skills they need at another participating member hospital that does offer the specialized education required for board certification.

In this way the hospital in question retains their services and gains the advantage of having someone able to assist with diagnoses and treatment requiring specialized training.

## -- High quality health care at a minimal cost --

In an effort to expand access to direct health care for CHAMPUS-eligible beneficiaries, SFMC has developed resource-sharing agreements in the areas of primary care, dermatology and pediatric cardiology -- to name a few. These agreements reduce CHAMPUS expenditures while improving access to outpatient appointments for CHAMPUS-eligible beneficiaries. For instance, a unique agreement between NHO and Foundation Health shares the cost for civilian registered nurses holiday coverage. A direct result of the agreement was evident during 1989, when NHO was able to admit an additional 476 patients while avoiding \$235,000 in CHAMPUS costs. Additional resource-sharing agreements in a variety of specialty areas are continually being developed and evaluated by the SFMC staff.

To summarize: SFMC's efforts mean that Bay Area beneficiaries can get high quality health care for lower (or even no) cost and do not have to wait as long for non-emergency medical procedures.

Health care professionals benefit by being able to concentrate their time and energy on direct patient health care.

Last, but certainly not least, DoD and American taxpayers benefit from defense budget dollars for health care being spent prudently and wisely with DoD getting the best buy for its money.



## Junior Nurse of the Year



**Lt. j. g. Kenneth E. Demott**

**Command:** NAS, Naval Hospital Lemoore -- Ward B

**Your job:** General nursing care on a multi-purpose ward.

**Marital status:** Married

**Spouse:** Maria Demott

**Children:** Justina, 3

**Hometown:** Unadilla, N.Y.

**Likes:** Family and self-improvement.

**Dislikes:** Smoking and pomposity.

**What is the most challenging part of your job:** Instructing corpsmen and getting them to see the vast opportunities offered by the Navy.

**What is your immediate goal as a nurse:** To complete my certified emergency nurse credentials and prepare my presentation for the Emergency Nursing Association's Symposium in September.

**What is your long-term goal:** To obtain a doctorate degree in education and teach nursing at the Baccalaureate level.

**What does being a member of the Navy Nurse Corps mean to you:** Having gone from Hospitalman to Hospital Corpsman 1st Class, then obtaining my commission through the Navy Enlisted Commissioning Program (NECP), being a Navy nurse means feelings of accomplishment and renewed purpose. The challenges of patient care and educating staff, as well as the pride of being a member of today's Navy -- all of which combine to afford a rewarding profession.

**What advice would you provide to individuals interested in joining the Navy Nurse Corps:** Keep your mind focused on growth, both personal and educational, and don't lose sight of the Navy Nurse Corps purpose -- to support the fleet.

## Junior and Senior

Photos by Joe



The Oakland Council of the Navy League Junior Nurse Year Lt. Cmdr. Nancy Jo Erickson (r.) holding the plaque for Services at Naval Hospital Oakland.



The "Ceremonial" cutting of the cake is a long-standing tradition with this ceremony, the youngest nurse and the most senior nurse cut the



# Nurse of the Year

lyna S. Kirkpatrick



Year Ensign Kenneth Demott (l.), and Senior Nurse of the presented to them by Capt. Anne Gartner (c.), Head of Nursing



Hadwick A. Thompson, president of the Oakland Council of the Navy League, was on hand to present plaques with Naval Hospital Oakland Head of Nursing Services, Capt. Anne Gartner.

U.S. Nurse Corps; in day cake together.

## Senior Nurse of the Year



Lt. Cmdr. Nancy Jo Erickson

**Command:** NHO Reserve Detachment

**Your job:** Department Head

**Marital status:** Married

**Spouse:** Dane Ericksen

**Children:** Emily, 15 and Sarah, 6

**Hometown:** Alameda, CA

**What has been the most challenging part of your job:** Revitalizing a department that was severely short staffed, while continuing to provide services to high-risk perinatal patients.

**What is your immediate goal as a nurse:** To continue to be an effective leader and to be a role model for other Nurse Corps officers.

**What is your long-term goal:** Once released from active duty, I would like to return to my unit as XO, and then next year, apply for a CO position; to effectively represent the Nurse Corps in Reserve Affairs.

**What does being a member of the Navy Nurse Corps mean to you:** A few words cannot describe what being in the Nurse Corps for almost 21 years means to me. Family, professional growth, leadership, opportunities, horizons expanded, mentors of high caliber and service to my country are just a few words which describe these years.

**What advice would you provide to individuals interested in joining the Navy Nurse Corps:** It is a chance of a lifetime to get to know people and places only imagined. The Nurse Corps provides an opportunity for growth both clinically and as a leader that few civilian Registered Nurses ever have available. You also have a chance to serve your country in a most special capacity.

**Career highlights:** In 1973, I helped to care for returning POWs from Vietnam. I was recently selected for promotion to commander!



## From the Chaplain



### The "still, small voices" of Naval Hospital Oakland

By Lt. Cmdr. Scott J. Jurgens, CHC

**NHO** -- Patients who come to the hospital experience a variety of feelings. Anxiety and fear are a couple of those feelings, especially if they are facing major surgery.

In dealing with their anxiety and fear, many people turn to God for strength.

The reason for this is obvious. Christians, Jews and those of other faiths, have learned of a God who is powerful, grand, glorious, magnificent and able to work miracles. Yet their experience with God during their hospital stay is usually far from grand, glorious or magnificent.

There is an interesting story in *I Kings 19* about Elijah the prophet. He flees to Mount Horeb because Queen Jezebel is out to kill him. While he hides out, God tells him that "the Lord is about to pass by," so that Ejjiah can see him and get further instruction. He expects to see a grand and glorious God, but God does not appear in the strong wind or the earthquake or the fire as expected. Instead God comes to him in a most unimpressive way -- in a still, small voice. This still, small voice, as insignificant as it appears, gives direction to Elijah in the tasks that he is to perform.

As patients lie in their beds, they are not visited by a powerful supernatural being who comes rushing down from the heavens. They are visited by all kinds of people -- regular human beings who walk through the door.

These people are doctors, nurses, corpsmen, chaplains, relatives, friends and people from their units. Often it is from these visits that the patients draw their strength.

Our jobs in the hospital community may often become mundane and boring to us, but all the little things like: the changing of an IV; the delivery of a meal; the talking over of a procedure with a patient; the greeting of a chaplain or relative; and rendering of important services can bring brightness and strength to a patient.

Suprisingly, this is where a patient can experience God -- not just in the word of the chaplain or the miracles of the *Bible*, but in all the large and small things we do in service to them.

All of us who work at Naval Hospital Oakland are truly the "still, small voices" that make a difference and bring meaning to those who look to us for service.

It is my prayer that in the hussle and bustle or in the dullness of our tasks, we never forget that many times others see God active in us.

May we be blessed as we bring blessing to the patient!

## Naval Hospital Oakland Public Works Center, San Francisco Up-Close

**Job:** I work as a staff engineer. I handle work coordination with Public Works Center, San Francisco; oversee the environmental program and the move coordinator for Milcon P-122.

**Marital status:** Single.

**Hometown:** Wells, Minn.

**Hobbies:** Travelling and outdoor activities.

**Likes:** Honest, straightforward people and Italian food.

**Dislikes:** Stupidity, selfishness and non-motivated individuals.

**What is the most challenging part of your job:** Convincing department heads that moving out of their spaces and being miserable is actually good for them.

**What is your immediate goal:** The successful completion of Milcon P-122 and restoration of order in the hospital.

**What is your long-term goal:** To achieve successful development, both militarily and professionally, as a Civil Engineer Corps Officer.

**If I could do it all over again, I'd:** Have slept less during calculus.

**I respect myself for:** Not being afraid to take the tough jobs that no one else wants.

**Role models/heroes:** Commodore R. E. Peary, Admiral B. E. Moreell



Lt. John J. Nesius,  
Civil Engineer Corps



HN Kenneth R. Kramer

**Your job:** The trouble desk. I receive trouble calls from the base, log them in the computer and track them through to completion.

**Marital status:** Single.

**Hometown:** Pensacola, Fla.

**Hobbies:** Flying, surfing, fishing and boxing.

**Likes:** Camping, fresh air, fast cars and going to the beach.

**Dislikes:** Traffic, smog and fake people.

**What is the most challenging part of your job:** Trying to keep track of all of the engineers, phone calls, messages and paperwork.

**What is your immediate goal:** To make Hospital Corpsman 3rd Class.

**What is your long-term goal:** To finish my degree in computer science.

**If I could do it all over again, I'd:** Finish college before I joined the military.

**Role models/heroes:** My family



Johnnie L. Brown

**Your job:** Take calls from all over the base for work to be done.

**Marital Status:** Married.

**Spouse:** Brenda Brown.

**Hometown:** Oakland, Calif.

**Hobbies:** Biking, camping and anything that moves fast.

**Dislikes:** Pushy people.

**What is your immediate goal:** To finish school.



## May 1991 NHO Awards

### Meritorious Service Medal

Capt. Richard Osborne

### Civilian Awards

10 years -- Iris Morris

20 years -- June Reichmann

### Navy Commendation Medal

Lt. Craig Anderson

### Navy Achievement Medal

Lt. William Edgar Graves Jr.

SKC Lauifi Paopao Tauiliili

HM1 Alan W. Goodson

HM1 Olen Kitchens, III

HM1 Kevin Lautenschlager

HM1 Kim M. Ross

HM2 Jeffrey D. Ehrman

SK2 Edward William Hazen

HM2 Camella Maile Herrmann

SH2 Billie Jo Kribbs

HM3 Franklin Kribbs, III

### Good Conduct

HM3 Leroy Hetrick

## Sailor of the Month

### April 1991



AN Patrick J. Ventrello

Airman Patrick J. Ventrello was nominated for the April 'Sailor of the Month' for his pride and professionalism as a sailor. He assists in the conducting of physical exams in the Aviation Medicine Department of the Branch Medical Clinic, NAS Moffett Field. **Bravo Zulu** for his outstanding dedication to the Navy and Naval Hospital Oakland.

### May 1991



DT1 Thomas P. Calimlim

Dental Technician First Class Thomas P. Calimlim was nominated for the May 'Sailor of the Month' for his excellent management as Leading Petty Officer in the Dental Department. There he directly supervised 22 enlisted personnel with dedication and support. **Bravo Zulu** for his outstanding performance at Naval Hospital Oakland.

## Civilian Corner

# Thrift Savings Plan Open Season is approaching; Now is the time to start making your contributions

**NHO** -- It's Thrift Savings Plan (TSP) season time again. During the period May 15 - July 31, civilian employees may begin contributing to TSP, change the amount of TSP contributions, or allocate their contributions to their account among the three investment funds.

Any portion of an employee's contribution can be invested in any of the three TSP investment funds: the *Government Securities Investment (G) Fund*, the *Common Stock Index Investment (C) Fund* and the *Fixed Income Index Investment (F) Fund*, regardless of whether the employee is covered by the *Federal Employees' Retirement System (FERS)* or the *Civil Service Retirement System (CSRS)*.

\* Who is eligible -- Those employees whose latest appointment to a position covered by FERS or CSRS was made before Jan. 1, 1991, OR if their latest appointment was made before July 1, 1991 and they were eligible to participate in the TSP during a prior open season.

If the TSP contributions were stopped before Feb. 1, 1991 they may be resumed during this open season.

If, however, the contributions were stopped after Jan. 31, 1991, they may not be started again until the next open season starting Nov. 15, 1991.

\* How this allocation opportunity affects FERS employees, even those who are not making employee contributions may still make a TSP election to invest all or any portion of their Agency automatic (1%) contributions in any of the three funds.

This is true even of those employees who are not able to make an election to contribute during this open season because they stopped contributing after Jan. 31, 1991.

For those individuals making employee contributions, their investment election applies to all contributions to their TSP account; i.e., employee, Agency automatic (1%) and Agency matching contributions.

\* How to make an open season election -- Submit a completed election form, TSP-1 (dated 2/91 or 9/90, available from Civilian Personnel in Bldg. 73-B) to that same department.

\* When do open season elections become effective -- If Civilian Personnel accepts employees' elections before July 13, 1991, it will be effective July 14, 1991, and their pay checks dated Aug. 6, 1991 will reflect the elections. If the election is made after that date, it will be effective on the first day of the first full pay period after it has been accepted by Civilian Personnel.

\* Where to get more information about the TSP -- The booklet, "Summary of the Thrift Savings Plan for Federal Employees," dated September 1990, describes the TSP in detail. The booklet can be obtained by contacting Sydney Santos at 633-6374, and should be read before making a TSP election.

Employees should have already received the pamphlet entitled "Open Season Update, May 15 - July 31, 1991." This update contains general information about major TSP features and investment options. Point of contact for further information is Sydney Santos at the above number.



## SAFETY CORNER:

## CARPAL TUNNEL SYNDROME

### Preventing Repetitive Motion Problems

**NHO** --Your wrist aches, your fingers feel numb, you have difficulty doing even the most simple task like opening a juice jar.

What's going on? It may be that you suffer from carpal tunnel syndrome--a hand disorder resulting from repetitious, forceful motion of the hands and wrists.

Carpal tunnel syndrome is quite common and affects those of us who use the same hand motions over and over again at work or at home--painters, textile workers, cashiers, word processors, electronics assemblers and many others.

Fortunately, you don't need to "grin and bear it." Carpal tunnel syndrome is often preventable through proper hand positioning and regular hand exercises.

only in the hand and wrist, but also may extend up to the forearm and elbow as well.

### What You Can Do About It

If you are at risk for developing carpal tunnel syndrome, why not try to prevent the condition before it occurs?

By learning how to position your hands properly and by exercising your hands regularly, you can relieve excess pressure on your tendons and nerves and prevent unnecessary pain and disability.

### Hand Positioning

When you keep your wrists and elbows straight, you place less pressure on the tendons and nerves in your hands.

Try adjusting your work so that you can keep your forearm and hand straight.

Use hand tools with the appropriate width, size and shape -- that is, make sure that you can grip the tool comfortably, that the tool can absorb vibration and that handles are positioned to keep your wrists and hands in alignment.

### Why Your Hand Hurts

The carpal tunnel is the bony cavity in your wrist through which your nerves and tendons extend to the hand.

When you repeat the same hand and wrist movements day in and day out, the excess strain causes tendons to swell and press on the main nerve of the hand. This persistent irritation of the nerve can result in pain, numbness and dysfunction not

## Hospital Corps (continued)

"We were surrounded by hostile Iraqis for 38 hours in a house [fenced in] by an eight-foot wall," he recalled. "They couldn't see us, and I was able to use the radio language I had learned to relay enemy troop movement information to the rear." As a result, the CO was able to call in the artillery missions that eventually "stopped the Iraqis from invading Saudi Arabia."

"When Dayrit returned, you could tell that he was a different person," Carter continued. "He had a real glow...a little more serious about duty, yet it didn't take away from the intensity of his commitment to the team. I am proud to say he is one of ours: He is from Oak Knoll."

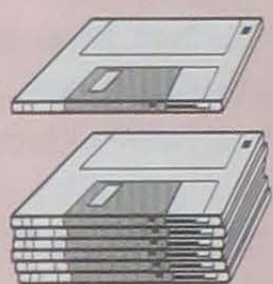
These are but two among the many stories of heroism that make up the saga of the Navy Hospital Corps -- not only during Operation Desert Storm, but since 1778, when the first corpsman (then called a loblolly boy) was recruited for the crew of the revolutionary war frigate "Constellation."



**HM2 Robert Carr, who was assigned to a Marine unit while in Saudi Arabia, displays his shrapnel-riddled helmet. (Official U.S. Navy photo by JOSA Kyna S. Kirkpatrick)**

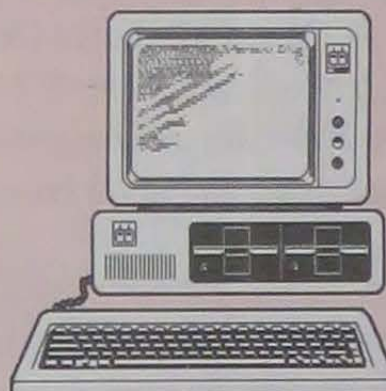
Since then, corpsmen have faced many challenges, in both peace and war time. "Out of all the armed services, the most decorated servicemembers are Navy docs," said Carter proudly in an earlier interview, emphasizing that medals and commendations are, in no way, restricted to combat veterans. "I've never seen so many decorations and awards given to corpsmen during the October 1989 [Bay Area] earthquake," he said, explaining that he was not here at the time, but he'd seen movies, he'd heard civilians in the community comment on the expert dedication of Oak Knoll's servicemembers -- all of which testify that, "when corpsmen are called upon to do a job, they do it magnificently."

**(Editor's Note:** Although the Hospital Corps was officially designated as a unit of the Medical Department by an Act of Congress in 1898, at the onset of the Spanish-American War, it is actually much older. According to an article in *Oak Leaf*, (Vol. 37, No. 11, dated June 6, 1975), the activities of the first loblolly boys predate the establishment of the Corps by more than a century. "John Wall," the article says, "enjoyed the distinction of being the first enlisted hospital corpsman of record. He apparently was shipped for the specific duties of a loblolly boy, and obtained his initial experience in caring for the wounded aboard the frigate "Constellation" in her victorious encounter with a French frigate during an undeclared war against France in 1799).



## Computer Tips

By Jim Brackman  
Senior Computer Specialist  
Information Resource Center



Did you know the most commonly selected printer codes used with Lotus 123 and the HP Laser Printer?

Page Size	Page orientation	Paper feed	Lines per page	Characters per inch	Printer Codes
Letter	Landscape	Normal	45	12	\027E\027&10\027 (sOp12H
Letter	Landscape	Normal	66	12	\027E\027&105.45C\027 (O12H
Letter	Landscape	Normal	45	16.66	\027E\027&10\027(sOp16.66H
Letter	Portrait	Normal	60	12	\027E\027(sOp12H
Letter	Portrait	Normal	66	12	\027E\027&17.27C\027 (sOp12H
Letter	Portrait	Normal	60	16.66	\027E\027 (sOp16.66H
Legal	Landscape	Manual	45	12	\027E\027&184p2h10\0279 (sOp12H
Legal	Landscape	Manual	45	16.66	\027E\027&184p2h10\027 (sOp16.66H
Legal	Portrait	Manual	78	12	\027E\027&184p2h\027 (sOp12H
Legal	Portrait	Manual	78	16.66	\027E\027&184p2h\027 (sOp16.66H
Legal	Landscape	Legal Tray	45	12	\027E\027&184p10\027 (sOp12H
Legal	Portrait	Legal	78	12	\027E\027&184P\027 (sOp12H

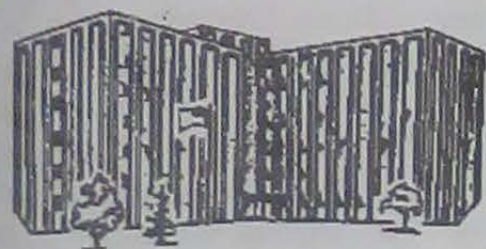
To input these codes into your Spreadsheet, select the following menu options: **/Print Printer Options Setup**, then enter one of the Printer codes listed above.

**NOTE:** If using other than a HP Laser Printer, you may have to adjust your printer setup for compatibility. Review owners manual for setup instructions. If you have any questions please call the "Computer Hotline" 633-5835 for further information.





# Have a Happy and Safe 4th of July!



The Navy's First Commissioned Hospital Ship

## The Red Rover



Volume 3-Number 7

Naval Hospital Oakland, California 94627-5000

July 2, 1991

### Letterman commander advocates armed forces coordinated health care

By Andree Marechal-Workman

**NHO** -- During the 20 months since he's been a member of the San Francisco Medical Command's (SFMC) Executive Committee, Brig. Gen. Leslie M. Burger has been an advocate of multiple-service health care providing.

This personal credo has led the 51-year-old commander of Letterman Army Medical Center (LAMC) to develop a recommendation for the establishment of an Armed Forces Coordinating Care Agency for Northern California for the Assistant Secretary of Defense for Health Affairs, Dr. Enrique Mendez, Jr.



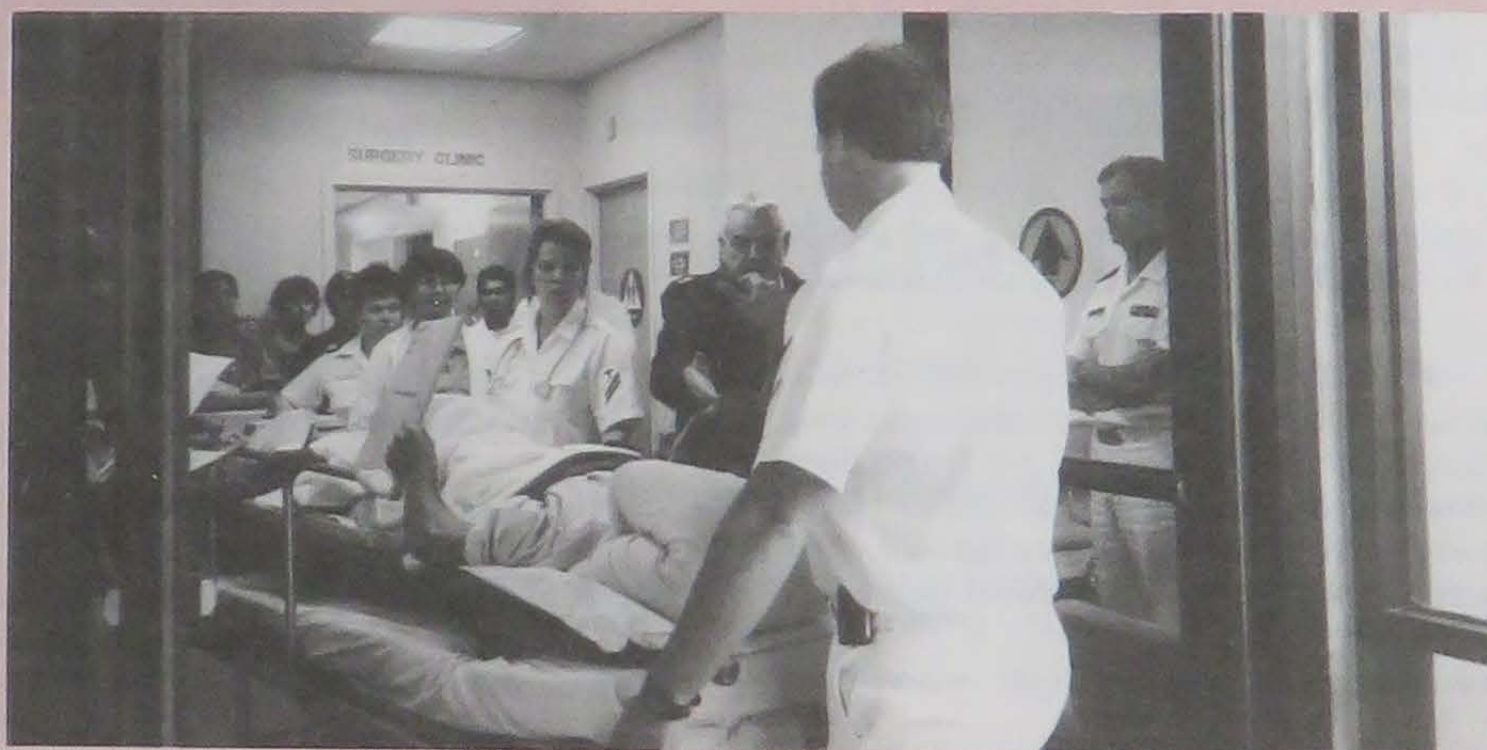
Brig. Gen. Leslie M. Burger sits at his desk at LAMC. (Official U.S. Navy photo by A. Marechal-Workman)

According to Burger, who joined SFMC's Executive Committee at the same time he assumed LAMC's command on Aug. 21, 1989, "SFMC is a model for cooperative military health care providing. However, he's quick to point out that "SFMC's key players, Naval Hospital Oakland (NHO) and LAMC, should be augmented to include all Navy and Air Force facilities in the region."

Given the limited resources that the military has, and will continue to have, we will need to "consolidate and regionalize, both within the military system and with our civilian counterparts," he explained, adding that SFMC can provide the infrastructure, the model on which an all-inclusive multi-service/civilian organization could be established to "orchestrate all Northern California health care needs."

This is especially critical in these days of severe budget cuts, Burger added, when military bases are being closed and Congress is mandating the Department of Defense to cost-contain its activities.

Although SFMC was commissioned on Dec. 19, 1988, it didn't become fully operative until October 1989, when the Naval Medical Command Northwest Region was disestablished. It is a joint, collaborative Army-Navy venture designed to oversee Bay Area military health and dental care delivery under Navy leadership. The command's mission was, and continues to be, to seek avenues of providing cost-effective, quality health and dental care to Bay Area beneficiaries; to plan for all facets of peacetime military medical preparedness and education, as well as wartime requirements, and to provide for the orderly transition from a significant to minimal Army medical presence in the Bay Area -- LAMC, who will close all but two of its residency programs (Ophthalmology and Psychiatry) on July 1, 1991; then will continue downsizing until 1995, (See Burger-- back)



NHO staff, led by Director of Surgical Services, Capt. John Bartlett (middle) extends a hand of welcome to a Philippine evacuee medevaced from Naval Hospital Subic Bay. (Official U.S. Navy photo by Andree Marechal-Workman)

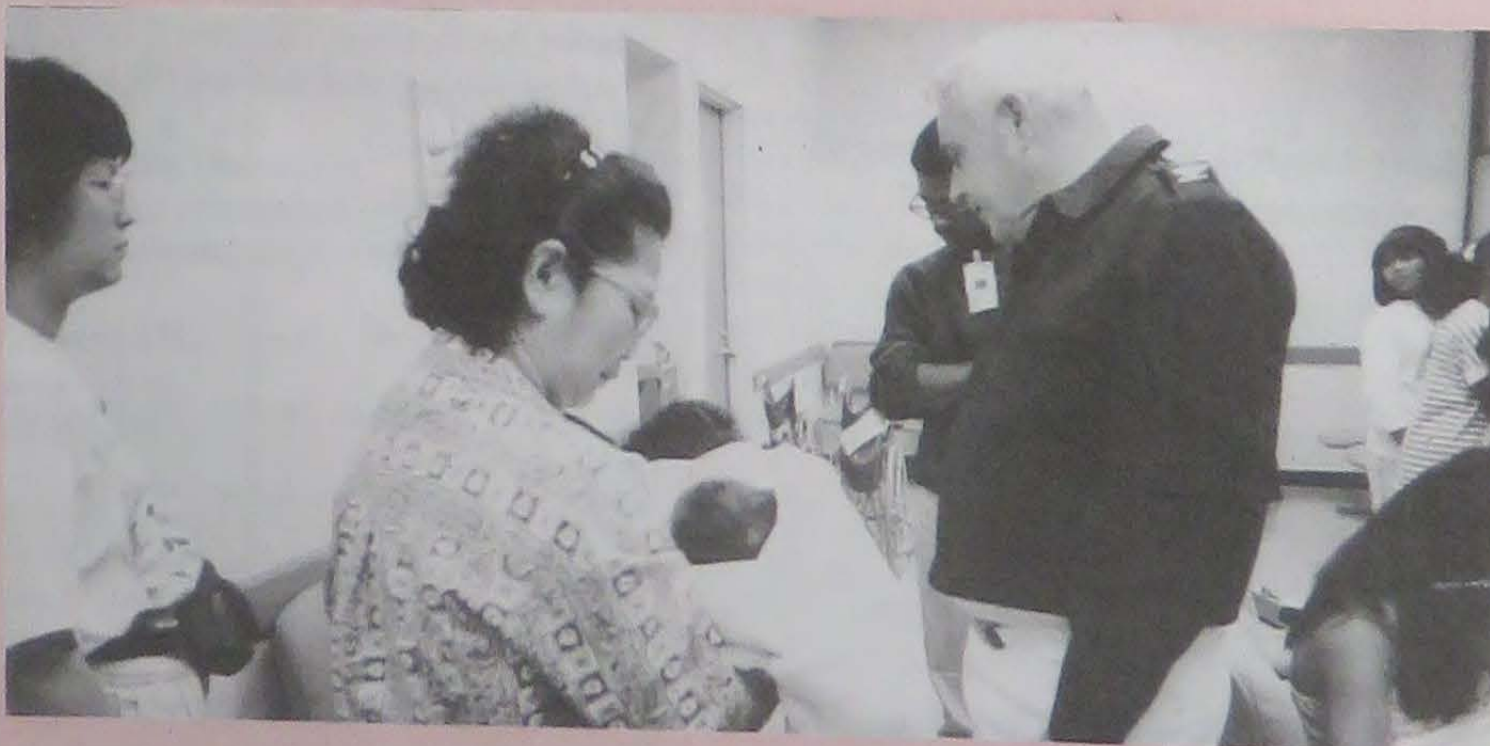
### NHO greets Philippine evacuees

**NHO** -- Exhausted from their narrow escape from Philippine earthquakes, typhoons and volcanic eruptions, 31 active-duty personnel and military dependents from Clark Air Force Base and Subic Bay Naval Station arrived at Naval Hospital Oakland on June 22.

"They had a disaster," said Capt. John Bartlett, NHO's director for Surgical Services. "Volcanic ash blew onto buildings and they had to be evacuated. They lost everything, and they have been under tremendous stress."

But every cloud has its silver lining, and for Bay Area resident and former Naval Hospital Subic Bay civilian employee, Pat Deocampo, the disaster proved to be the chance of a lifetime -- the joy of greeting John David, the two-day-old grandson she wouldn't have met for some time if Jo-Anne Deocampo, her daughter in law and wife of Aviation Machinist Mate 3rd Class, Ruben Deocampo, had remained on the island until the end of Reuben's active-duty tour.

According to Capt. John Rowe, NHO's director of Community Health, the evacuees are Clark's and Subic's patients, who were hospitalized prior to the catastrophe. They were welcomed by NHO staff and Red Cross personnel, who greeted them with food, toys for the children and a lot of "TLC." (See related story back page)



Proud grandmother, Pat Deocampo, (left) gazes at 2-day-old grandson, John David, who was born en route to Cebu, while Capt. John Bartlett oversees the release of his mother, Jo-Anne. (Official U.S. Navy photo by Andree Marechal-Workman)



## Perspectives

### The Executive Officer

**NHO** -- At this time every year we witness the exodus of our graduating interns and welcome a new intern class to Oak Knoll.

Our interns are an integral part of this command and are vital in the performance of our mission. They are often one of the first visible stages of patient-care and provide the patient interaction that sets the stage for care throughout the hospital.

As interns go through the maturation process, the entire staff benefits through influx of new ideas, enthusiasm and innovation.

As we bid farewell to our graduating interns, we should all be thankful for their hard work and the sacrifices they have made.



Capt. Noel A. Hyde, MSC

They have probably just completed the most vigorous and demanding year of their professional careers.

The demands of Operation Desert Shield/Storm have resulted in a unique internship and indoctrination to Navy Medicine.

On behalf of the entire staff it is a pleasure to wish the "Class of 91" the best of luck in their next assignments.

For the "Class of 92" WELCOME ABOARD! As I mentioned when I kicked off your orientation recently, I am certain you will find the next year to be a challenging and rewarding experience.

You have just joined the finest team of health care professionals in the Navy, and are charged with the responsibility to carry on in the high standards of your predecessors.

**GOOD LUCK!**

## President establishes Southwest Asia Service Medal

**WASHINGTON, D.C.** -- The president has established a Southwest Asia Service Medal (SASM) to be awarded to members of the armed forces of the United States who participated in, or directly supported, military operations in Southwest Asia or in surrounding areas between Aug. 2, 1990 and a date to be determined (Operations Desert Shield and Desert Storm).

General eligibility requirements for award of the SASM are:

\* Individuals must have served in one or more of the following areas between Aug. 2, 1990 and a date to be determined: the Persian Gulf, Red Sea, Gulf of Oman, Gulf of Aden, that portion of the Arabian Sea that lies north of "10 degrees north latitude" and west of "68 degrees east longitude," as well as the total land areas of Iraq, Kuwait, Saudi Arabia, Oman, Bahrain, Qatar and United Arab Emirates.

\* Individuals serving in Israel, Egypt, Turkey, Syria and Jordan (including the airspace and territorial waters), between Jan. 17, 1991 and a date to be determined, shall also be eligible for award of this medal. They must have directly supported combat operations.

For instance, embassy guards would not be eligible.

\* Specific eligibility criteria for award of the SASM require that a servicemember must be:

-- Attached to or regularly serving for one or more days with an organization participating in ground/shore (military) operations.

-- Attached to or regularly serving for one or more days aboard a naval vessel directly supporting military operations.

-- Actually participated as a crewmember in one or more aerial fights directly supporting military operations in the above areas.

-- Served on temporary duty for 30 or 60 consecutive days. These time limitations may be waived by commanding officers for people participating in actual combat operations.

Commanding officers are authorized to award the SASM. The basic medal will be awarded for the period Aug. 2, 1990 to Jan. 16, 1991 (Operation Desert Shield).

The medal with a bronze service star will be awarded for the period Jan. 17, 1991 to a date to be determined (Operation Desert Storm), whether the individual served during Operation Desert Shield or not.

No person shall be entitled to award of more than one medal.

The SASM may be awarded posthumously, and will take precedence immediately after the Vietnam Service Medal. The Chief of Naval Operations will promulgate a list of eligible units separately.

\* The SASM may be ordered through the supply system under National Stock Number (NSN) 8455-01-334-9513. The medal is currently under procurement and will be available shortly.

\* In order to recognize the considerable efforts of sailors and Marines called to sea duty or deployed on short notice for Operation Desert Shield or Desert Storm, the twelve-month accumulated sea duty requirement for the Sea Service Deployment Ribbon (SSDR) is waived.

The awarding of the SSDR to active and reserve Navy and Marine Corps personnel deployed in support of Operation Desert Shield or Desert Storm is authorized provided all other eligibility criteria as contained in SECNAV message dated Jan. 26, 1991, for the SASM have been met. This waiver only affects the initial award of the SSDR.

\* Entries reflecting awards of the SASM and SSDR will be made to service records in accordance with Navy and Marine Corps directives.

### Red Rover

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### DoD changes personnel ceilings

**WASHINGTON, D.C.** -- An adjusted personnel plan permits more than 16,000 servicemembers to remain on active duty through the end of fiscal 1991 than were originally authorized under DoD's drawdown plan.

Donald Atwood, deputy secretary of defense, advised the military services in an April 8 memorandum to waive the personnel end strengths set in the National Defense Authorization Act for Fiscal Year 1991.

All services will meet the fiscal 1992 end strengths required by law.

#### Personnel Ceilings

With the waivers authorized by Congress and DoD, this is what the services' personnel strengths will look like at the end of fiscal 1991:

	Army	Navy	Marines	Air Force
March 91	745,000	579,000	200,358	529,287
Before waiver	702,170	570,500	193,735	510,000
After waiver	710,000	573,086	195,672	514,000
Impact	+7,830	+2,586	+1,937	+4,000

**Correction** -- The official Oakland Council of the Navy League recipients for Junior/Senior nurses of 1991 are: USNS Mercy: Junior -- Ensign Kenneth DeMott and Senior -- Lt. Cmdr. Susan Griffin Naval Hospital Oakland: Junior -- Lt. Angelica Almonte and Senior -- Lt. Cmdr. Nancy Jo Ericksen.

June 14, 1991

Dear Editor:

The "Up Close" section of the 14 June 1991 issue of the **Red Rover** incorrectly identified LT J.J. Nesius, HN K.R. Kramer and Mr. J.L. Brown as working for Navy Public Works Center, San Francisco Bay. These individuals in fact work for the Facilities Management Department of Naval Hospital Oakland. This is a common misconception that we would like to clear up.

Additionally, Mr. Brown identified his Role Model/Hero as Inspector Gadget, which you refused to print. It is not understood why you would print Ferdinand Marcos, a deposed dictator accused of a multitude of heinous crimes, as one individual's Role Model/Hero yet refuse to print Inspector Gadget, a fictitious crime fighting sensation, as someone else's. Your editorial control should not reflect your personal opinion of who is an appropriate Role Model/Hero. That decision belongs solely to the individual being featured.

*J.J. Nesius*

J.J. Nesius  
LT, CEC, USNR

*K.R. Kramer*  
K.R. Kramer  
HN, USN

*J.L. Brown*  
J.L. Brown



## United Provider Service card offers ease and convenience

FORT WORTH, Texas -- Gary Long, Bobbie Bruder, James Simon and Shirley Ayers probably don't know one another.

But they do have one thing in common besides a military background: The United Provider Service (UPS) pharmacy card.

Working in concert with CHAMPUS, United Provider Services gives military retirees, their dependents and the dependents of active-duty personnel an alternative to free prescription drugs provided at military bases -- some of which will be closing in the near future. The card, which is free the first year, costs only \$5 per family annually, plus a 20% or 25% CHAMPUS cost-share or co-payment per prescription.

It is accepted at more than 3,000 pharmacies nationwide, and UPS handles the filing of all drug claims for the cardholder through

CHAMPUS.

Retired USMC 2nd Lt. Gary Long, 57, who lives in North Richland Hills, Texas, qualified for "catastrophic" CHAMPUS benefits after his daughter required extensive hospitalization.

"I had reached the \$10,000 CHAMPUS cap, so the UPS card covered 100%, with no co-payment required," he said, adding that the card helped with his cash flow and freed him from the burden of filing extensive pharmaceutical paperwork during his family's medical crisis.

All four servicemembers and/or their dependents agreed that the card was a "God send" that saved them valuable time and thousands of dollars in pharmaceutical bills.

For more information about the UPS card, call 1-800-852-4492.



Rear Adm. David M. Lichtman, former commanding officer of NHO (right) presents the Navy Commendation Medal to Lt. Craig S. Anderson, MSC. Anderson was awarded the medal for meritorious service while serving as senior medical construction liaison officer, commander Naval Medical Command, Northwest Region [now SFMC], from October 1984 to September 1989. According to the citation, Anderson's all-encompassing creativity and dynamic energy enabled the Navy to convert the seismic upgrade of Naval Hospital Oakland into an imaginatively planned nine-phase project designed to maintain hospital accreditation. (Official U.S. Navy photo).

## NHO celebrates 10 years of SYETP

By Weldon D. Miles

Deputy Equal Employment Opportunity Officer

NHO -- For the tenth consecutive year, Naval Hospital Oakland (NHO) will participate in the Summer Youth Employment Training Program (SYETP), starting the week beginning June 24. SYETP has three main goals which help them assist low income youths from the ages of 14 to 21.

These three goals are:

\*\* To provide a positive work experience that contributes to the development of work skills and an enhanced self image.

\*\* To provide career education, planning and guidance.

\*\* To monitor participant progress throughout the program.

This program promotes the development of skills, self discipline and good work attitudes which are both valued and admired in the work place and society.

Since NHO is a non-profit organization, it meets Department of Labor's requirements for student placement. Therefore, it affords the hospital the opportunity to assist these youths.

This year, 25 students are anticipated to participate in SYETP, where they will acquire valued skills and attitudes throughout the departments in the facility. SYETP is a program funded by the Department of Labor and the Private Industry Council.

## Safety = equals = Operations Control

By Robert C. Woodford  
Director, Occupational  
Health and Safety  
Building 500, 3rd floor.  
Telephone: 633-5844



### Blame - versus - Responsibility

NHO -- A successful Navy Occupational Health (NAVOSH) program is one which permeates every level of an organization. At Naval Hospital Oakland, as well as other Navy commands, the maintenance of a safe and healthy working environment is a "management responsibility;" therefore, management must fully support the NAVOSH Program through the chain of command.

### Stay focused on the present task

Now is the time for all levels of management to increase their personal supervision, and work to prevent accidents which may or may not result in immediate injury.

### Take time to do the job right

The time is now that all branches of the executive department upgrade the supervisor in the field of preventing accidents, which may or may not result in immediate injury. We keep telling ourselves that the supervisor is the key person to safety but this lip service is utterly meaningless unless we make it clear that they share responsibility for accident prevention in the department...and here is where responsibility must be accompanied by authority!

### Always have the strength to "do the right thing!"

This understanding and acceptance of safety responsibility is a many-faceted thing. The supervisor must know that any accident affects time schedules, product quality and costs. Therefore, they must investigate every incident which can lead to an accident; participate actively in employee training and finally, understand that an authoritative approach to safety will mean smoother operations, reduced costs, fewer crises, better liaison with higher authority and certainly higher status and prestige for them.

### If the job has to be done -- Do It!

If the supervisor is the key to accident prevention, the only way to use that key to open the door to safety is to give better than adequate motivation to that supervisor. Convince him or her of the responsibility and train them to recognize that accident control is a vital part of the total job. Once the supervisor reaches the conclusion that he or she is merely an after-thought in accident prevention, the "key" opens no more doors. Our attitude effects everyone near us, and reflects character: "Good or Bad."

Robert C. Woodford

"Our Job Today is to Make Tomorrow Happen."



# Oakland honors Dese

Photos by Andree Marechal-Workman and Nicole A. Rodriguez

**NHO** -- On June 14, servicemembers who participated in Operations Desert Shield/Storm were honored with a parade and rally sponsored by the Oakland Chamber of Commerce.

The parade, which was held on Flag Day, ran from 20th Street and Broadway to Jack London Square and featured more than 80 military units and civilian groups, including marching bands, armored fighting vehicles and a fly-over by some of the nation's most powerful aircrafts. The day's festivities also included a display of armed personnel carriers in the estuary.

The parade Grand Marshal was Major General Royal N. Moore Jr., U.S. Marine Corps, who was the senior Marine Corps aviator during Desert Storm. Moore is the commanding general of the Third Marine Aircraft Wing/Deputy First Marine Expeditionary Force at Marine Corps Air Station El Toro.

In response to the parade Capt. Paul Barry, commanding officer Medical Treatment Facility, *USNS Mercy* (T-AH 19) said, "It's a good feeling to know that we have the support of the people back home."

HN Amanda Massey, who served aboard the *Mercy* during the Gulf crisis added: "I wear my uniform with pride."



A group of Marines from the 23rd Marine Unit and *Mercy* corpsmen relax before start of the parade. They are (from left) Sgt. Campos, HM3 Davis, HN Massey, Cpl. Brown, HM3 Kennett, Sgt. Domenech and Sgt. Carabello.



Proud young Americans cheer the troops as they march down the street.



Capt. Paul Barry, Medical Treatment Facility's commanding officer aboard *USNS Mercy* discusses his plans for the parade with a fan.



# t Shield/Storm troops



adway.



Wearing the camouflage uniform he donned in the desert, HN Carlos Dayrit waits for the parade to start. Dayrit was recommended for a Navy Commendation Medal with Combat V for his heroism during Operation Desert Storm. Along with six Marines, he volunteered to stay behind in the town of Khafji to observe and radio Iraqi troop movements to the rear.



Navy Band San Francisco perform during the parade.



# Naval Hospital Oakland Laboratory Department Up-Close

**Your Job:** Chemistry Supervisor -- responsible for the technical and administrative aspects of the chemistry section.

**Marital Status:** Single.

**Hometown:** Mount Washington, Kentucky.

**Hobbies:** Skiing, gambling, dancing and cribbage.

**Likes:** Foreign travel.

**Dislikes:** People who are resistant to change.

**What is the most challenging part of your job:** Combating complacency in the workplace and stimulating individuals to attain their personal and professional goals.

**What is your immediate goal:** To thoroughly train all personnel in the chemistry section.

**What is your long-term goal:** To retire as a captain in the Navy and fight for a more equal status for women in the military.

**If I could do it all over again, I'd:** Keep a daily journal about my transition to military life and travels on the USNS Mercy.

**I wish I could stop:** Smoking.

**I respect myself for:** My versatility and adaptability under stressful conditions.

**Role models/heroes:** Nostradamus and Socrates.

**Special Comment:** Although I will miss my friends at NHO, I am excited about my Permanent Change of Station (PCS) to Millington, Tenn. in November.



**Lt. j. g. Veronica M.  
Sullivan, MSC**

**Your Job:** Work all benches in hematology which includes: complete blood counts, differentials, urinalysis, coagulated studies and body fluid examinations. I am also supply and safety petty officer.

**Marital Status:** Married.

**Spouse:** Florence.

**Hometown:** Bronx, New York.

**Hobbies:** All sports and movies.

**Likes:** Caribbean food, exotic cars and animals.

**Dislikes:** Liver and okra.

**What is the most challenging part of your job:** Completing the workload in an orderly and timely manner.

**What is your immediate goal:** To make first class petty officer.

**What is your long-term goal:** To be accepted into Physician Assistant School and to become a father.

**If I could do it all over again, I:** Wouldn't have changed a thing.

**I wish I could stop:** Procrastinating in my studies.

**I respect myself for:** Respecting other people.

**Role models/heroes:** My parents.



**HM2 Jean LaFontant**

**Your Job:** Grossing room to assist pathologist for grossing tissue specimens.

**Marital Status:** Married.

**Spouse:** Falelima.

**Children:** Jesse Tupu Tautalatasi, 22, Arthur Henry Tautalatasi, 26, Taivale Tautalatasi Jr., 28, Meida Toulou Tautalatasi, 30, Ann Marie Palega, 25, Fiaau Lagi Toeaina, 32.

**Hometown:** Pago Pago, American Samoa.

**Hobbies:** Watching sports on T.V., bowling and playing with my grandchildren.

**Likes:** Working and going to church.

**Dislikes:** People who are not team players.

**What is the most challenging part of your job:** Adapting to the needs of the different doctors.

**What is your immediate goal:** To enjoy life.

**What is your long-term goal:** To retire.

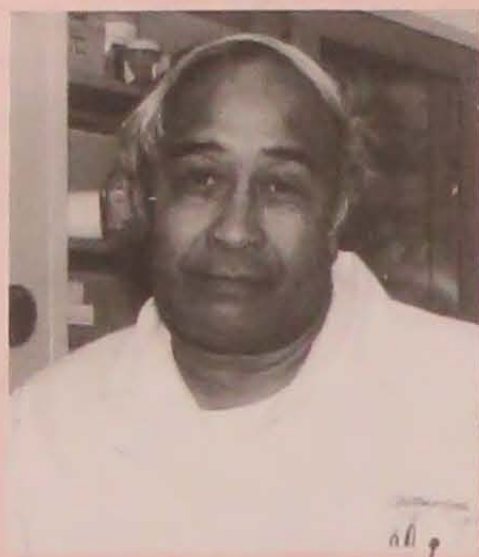
**If I could do it all over again, I'd:** Do the same.

**I wish I could stop:** People on drugs.

**I respect myself for:** Helping younger people through life.

**Role models/heroes:** The Lord.

**Special Comment:** I enjoyed life when I was in the military and now I have a nice wife, children and grandchildren. I am looking forward to retiring from Civil Service and going to American Samoa to enjoy life on the island.



**Taivale Tautalatasi**

## From the Chaplain



## "Keeping Hope Alive"

By Lt. G. W. Clore, CHC

"There is no medicine like hope, no incentive so great and no tonic so powerful as expectation of something better tomorrow."

In the ancient world, the anchor was a symbol of hope. Epictetus says: "A ship should never depend on one anchor or a life on one hope."

I have especially been inspired by the following poem titled: "Hope."

### HOPE

*What does hope do for mankind?*

*Hope shines brightest when the hour is darkest.*

*Hope motivates when discouragement comes.*

*Hope energizes when the body is tired.*

*Hope sweetens while the bitterness bites.*

*Hope sings when all melodies are gone.*

*Hope believes when the evidence is eliminated.*

*Hope listens for answers when no one is talking.*

*Hope climbs over obstacles when no one is helping.*

*Hope endures hardship when no one is caring.*

*Hope smiles confidently when no one is laughing.*

*Hope reaches for answers when no one is asking.*

*Hope presses toward victory when no one is encouraging.*

*Hope dares to give when no one is sharing.*

*Hope brings the victory when no one is winning.*

Some men and women see only a hopeless end, but the Christian rejoices in an endless hope.

C. Neil Strait puts hope in perspective: "Take from a person his wealth, and you hinder him; take from her her purpose, and you slow her down, but take from a person their hope, and you stop them."

They can go on without wealth, and even without purpose, for a while. But a person cannot go without hope.

"And now these remain forever, faith, hope, and love."  
1 Corinthians 13:13



## For Your Health

# Fast food good or bad?

By Lt. Nancy A. B. Dickey, MSC

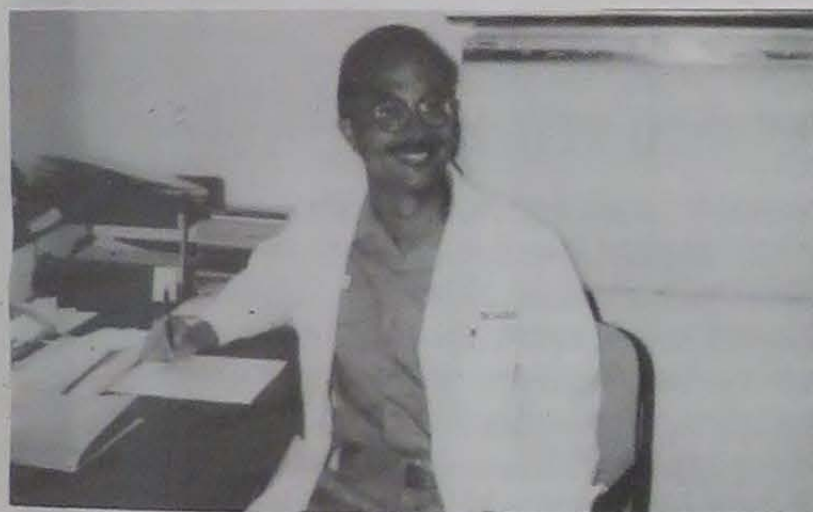


**NHO** -- Fast food restaurants usually offer standardized food items at reasonable prices with quick service. The caloric and fat content of a meal can vary drastically depending on what you choose. A meal consisting of a Big Mac, large fries and a vanilla shake provides 1250 calories and 55.3 grams of fat. A meal consisting of a plain hamburger, side salad with light dressing and lowfat milk supplies 450 calories and 18.3 grams of fat.

A chef salad complete with croutons, bacon bits and the entire salad dressing package is 686 calories, with 71% of these calories coming from fat. (Salad dressing has five servings in one package - to cut down on calories, use one serving). A Big Mac provides 560 calories, and 52% of those calories come from fat. The beverage selected can make a major difference in caloric and fat contents. Lowfat milk, tea, orange juice and diet soda are offered in many fast food establishments, and can be used to trim calories.

The American Heart Association recommends four to seven ounces of meat daily, and one large hamburger or two pieces of chicken fill that requirement easily. Try side salads, fruits and a small order of fries to round-out your meals and keep fat and calories in check. It is possible to incorporate fast foods into a balanced diet by varying your food selection and by choosing meals of appropriate caloric content. Moderation, variety and a balance of the four food groups is the key.

## Dental Health



# Oral cancer detection: A look can save your life

By Lt. Cmdr. Greg Heise, Dental Corps

**NHO** -- Statistics for oral cancer are alarming: 27,000 cases diagnosed in the United States each year, 9,500 deaths, or four percent of all cancer cases. Like other cancers, it invades and destroys healthy normal tissues.

Unlike many other cancers, because the mouth is an area where disease warning signs can be easily seen and felt, oral cancer can be caught in the early stages.

However, oral cancer warning signs might not appear overly abnormal and rarely cause severe pain. Too often people let them go untreated. Know the warning signs. Oral cancer refers to tumors on lips, tongue, gums or the tissues inside the mouth, or in the pharynx at the upper part of the throat just behind the mouth -- all areas that can be examined easily. Warning signs of oral cancer can be noted by subtle changes in the mouth: a raised growth, swelling or lump; a reddish or whitish patch of tissue; a sore that does not heal or a feeling of burning or numbness.

Early detection, whether through self-examination or routine professional dental examinations, is one of the best defenses we have against the disease. That's why we say a look can save a life.

Alcohol and tobacco are primary culprits. Although scientists are not sure exactly what causes oral cancer, there are known factors which contribute to its development -- primarily alcohol and tobacco use. According to the National Cancer Institute, tobacco users are four to 15 times more likely to get cancer than non-users, and snuff dippers are 50 times more likely.

Years of public education campaigns have clearly established the relationship between cigarettes and cancer, and patients take up the smokeless tobacco habit thinking that it isn't as dangerous as smoking cigarettes. However, smokeless tobacco is as detrimental and addictive even though advertisements and professional athletes using smokeless tobacco may make it look like the "in" thing to do. Chewing tobacco is another contributing factor.

Chewers and snuff dippers place the tobacco up against the gum and cheek where nicotine and other compounds are easily absorbed by the buccal mucosa; the delicate, soft cheek tissues.

This direct contact with the tobacco juices irritates the tissues and causes leathery white patches known as leukoplakia to be formed inside the mouth. In about five percent of the diagnosed cases, these patches develop into oral cancer.

Other contributors include cigar smoking, poor oral hygiene, irritation caused by ill-fitting dentures or rough surfaces leading to sores or growth in the mouth, poor nutrition and combinations of these factors. Sunlight can also be a cause of lip cancer.

### How to detect oral cancer.

In addition to routine professional examinations, performing self-examinations to detect warning signs of oral cancer is one of the best steps individuals can take.

The following are steps to a complete oral cancer self-examination: Remove dentures; using a bright light and mirror, look and feel inside of the lips and the front of your gums; Tilt your head back to look at and feel the roof of your mouth; pull your cheeks out to see the inside and also back gums; put out your tongue and examine all surfaces;

Feel for lumps or enlarged lymph nodes (glands) in both sides of the neck and under the lower jaw.

Patients who discover any of the above should immediately contact their dentist or oral and maxillofacial surgeon, should any of these areas look suspicious.

**Treatment:** Once oral cancer is suspected, a small tissue sample of the suspicious area may be examined by a pathologist. If cancer is confirmed, most often surgery is warranted to remove the tumor. Depending on individual circumstances such as the location and advancement of the disease, radiation therapy can be used in conjunction with, or as an alternative to surgery. The American Association of Oral and Maxillofacial Surgeons (AAOMS) offers a free brochure,

"The Look That Can Save A Life," which provides more information on oral cancer and preventive measures. To obtain a copy, write to the AAOMS at 9700 Bryn Mawr Avenue, Rosemont, Ill. 60018.

# OAK KNOLL NEWS



## New Fraud, Waste and Abuse Hotline

**NHO** -- The Command Hotline offers a contact where you can report fraudulent, wasteful, or misuse of government resources.

Callers do not need to give their name, they are protected from repercussions by public law, and they can be assured that their complaints will be investigated by an independent investigator.

However, before calling the Hotline, be sure the complaint is real. Most matters are usually handled satisfactorily through the chain of command, and the Hotline is intended only for cases where the chain of command is not responsive to complaints.

The hospital's Hotline number is ext. 8801.

## New Dates for ACLS/Provider Courses

**NHO** -- Due to training needs of the new intern class reporting on board in June, the ACLS courses for June and July are changed as follows:  
\* \* ACLS Provider Course for Interns: June 24-26 (this course will also contain seven students from the cancelled June course.) July 8-9 ACLS  
\*\* Instructor's Course rescheduled for July 22-23; July 10-12 ACLS Provider Course rescheduled for July 24-26 (those who were scheduled for the cancelled June and July courses will automatically be registered for the new July courses.)

For more information, contact Lt. Michael Higgins at ext. 5255 or Leilani Roberts ext. 5264.

## New Addresses for Mercy Crewmembers

**USNS MERCY** -- The Medical Treatment Facility aboard USNS Mercy is still receiving a great deal of mail for former crewmembers. This mail is being forwarded to the addressee in accordance with the U. S. military postal regulations and instructions -- an action that takes up to 120 man-hours a week to keep up with the flow of mail received.

Personnel who have transferred are advised to let their correspondents know their correct mailing address.

It is not the responsibility of the Mercy Administrative Department to do so. This also includes newspapers and magazines, which are only forwardable up to 60 days after transfer date. After that time, the publications will be returned to publishers endorsed: "Forwarding Period Expired -- Undeliverable as Addressed."

## And Finally...

**CONGRATULATIONS** -- To Tillie Alger and Debbie Smith who caught the only fish for Oak Knoll on the recent deep-sea fishing trip. Tillie not only caught her "limit" but she also caught the largest salmon taken in that day on the "S.F. Hot Pursuit" -- all the men got "skunked."



# Burger

(continued from front)



Brig. Gen. Leslie M. Burger (left, forefront) and Army Surgeon General, Lt. Gen. Frank Ledford, Jr., have just cased LAMC colors and unfurled Letterman Army Hospital flag. (Official U.S. Navy photo by A. Marechal-Workman)

the year decreed by public law for its disestablishment.

In this connection, "there has been a litany of cooperative efforts," the general explained. For example, under the aegis of SFMC, NHO has made plans to take care of some of LAMC's beneficiaries who will soon have to seek alternative sources of health care in the community. "In fact," he pointed out, "we have already transferred dialysis and oncology patients to NHO and [the naval hospital] has been providing obstetrical and gynecological services to Army active-duty personnel for some time."

According to Burger, among other provisions are a mid-August projected cardiac surgery program at NHO to handle some 200 yearly cardiac surgeries heretofore performed at LAMC. In addition, he said "NHO is going to provide laboratory studies, lectures, X-Rays and MRIs (magnetic resonance imaging)."

While Burger acknowledges that this will not be enough to rescue the thousands of West Bay Army retirees who will be seeking alternative health care on July 1st, he believes it is a step in the right direction.

"About three-fourth of our patients are retirees -- many in the geriatric category -- who are not covered by the CHAMPUS Reform Initiative (CRI) [which does not insure beneficiaries over 65]," he explained, adding, "those are the patients about whom we are most concerned. Many of them, being old and having chronic illnesses, are virtually uninsurable, and it is up to Congress to deal with the situation."

But, despite the many problems he foresees, the senior leader in the Army Medical Department is steadfast in his belief that total health care regionalization will eventually address military medicine woes -- not only in the area of health care patient access, but also in the improvement of Graduate Medical Education. (GME).

"Given the limited resources that the military has, and will continue to have, we will need to consolidate and regionalize, both within the military system and with our civilian counterparts," he emphasized, clarifying that, for him, "integration" doesn't mean "affiliation," but one program with one program director and one military/civilian faculty.

"And so, when you're looking to meet all the academic and research staffing requirements for the residency programs, joining with civilian universities solves our problem of trying to find the uniquely talented staff needed to run graduate residencies at all the different places."

Although the general admits that, with their different parochial interests, a "marriage" between military and civilian physicians will not be an easy one, he stressed, "whatever those differences are, they need to be put aside..."

General Burger's presence in the Bay Area will be sorely missed when he assumes command of Madigan Army Medical Center in Tacoma, Wash., next year. He is pleased with the assignment, however, and the folks at NHO, in true Navy tradition, for his kind cooperative spirit, wish him fair winds and following seas.

## Red Rover Civilian News

### Sick Leave for Adoptive Parents

By H.L. Lindemann, Jr.  
Civilian Personnel Officer

NHO -- Public Law 101-509, signed by President Bush on Nov. 5, 1991, authorized the use of sick leave for purposes related to the adoption of a child. This authority shall cease to be effective on Sept. 30, 1991, unless otherwise extended. Sick leave may be granted and used for the adoption process such as attending appointments, meetings, visits, inspections, travel performed in connection with the adoptive process and to care for the sick child, as defined in existing guidelines provided for biological children.

Requests for sick leave for adoptive reasons must be submitted on a SF-71 (application for leave) form, clearly indicating in the remarks section that the leave will be used for adoptive reasons. Documentation shall be required to support requests for absences of more than five consecutive workdays.

Sick leave may be authorized for time loss for adoption purposes during the period of Nov. 5, 1990, the date the public law was signed, through Sept. 30, 1991. Requests to substitute sick leave retroactively for annual leave or leave without pay should receive favorable consideration. They should be sent to Mrs. Penny Becchio in Civilian Personnel Department, the point of contact for more information, ext. 6374.

### USS Abe Lincoln assists in evacuation in Philippines

ALAMEDA, Calif. -- The Navy's newest and largest aircraft carrier, USS Abraham Lincoln (CVN-72), is presently involved in Operation Fiery Vigil, the evacuation of non-essential active duty military and all military dependents from the Philippines. The NAS Alameda-based nuclear-powered aircraft carrier and 15 other military and MSC (Military Sealift Command) ships are transporting dependents to Cebu City for further airlift to the United States.

The Lincoln currently has over 2,000 dependents and their pets aboard for the 500-mile trip from Subic Bay to Cebu. For many of the evacuees, a hot meal and a shower on board

the carrier was the first they'd had in several days.

The ship and airwing pulled together to make the guests feel as much at home as possible. The morning the ship pulled into the Subic Bay, Philippines, the Lincoln began a fund drive to raise money to aid the relief effort. More than \$10,000 had been raised by the end of the day.

The Lincoln sailors do what they can to aid their fellow servicemen's families. Their wives, the "Lincoln Ladies," provide child care as the families arrive at Travis Air Force Base, allowing parents to process paperwork they need to continue to their ultimate destinations.

## San Francisco Medical Command June 1991 Awards

Navy Commendation Medal

Lt. Craig Anderson, USNR, MSC

Navy Achievement Medal

Hospitalman Francine Sandoval, USNR

Meritorious Service Medal

Cmdr. Randolph Bohn, USN, NC

Cmdr. Janet Peterson, USN, NC

## 1991 Hospital Corps Ball

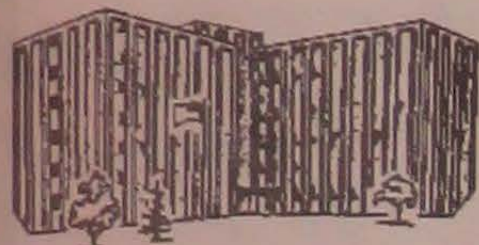


HCMC Clifton Carter and HMC Philip Chapman during the traditional "Ringing of Bell" ceremony at the 1991 Hospital Corps Ball held at the Oakland Airport Hilton. The bell ceremony is to recognize "...fallen corpsmen and corpomen who received declaration in past wars." (Official U.S. Navy photo by JOSA Kyna S. Kirkpatrick)



Interns bring new light to  
NHO, page 3

Strategies for winning the  
weight loss war, page 7



The Navy's First Commissioned Hospital Ship

# The Red Rover



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July 19, 1991

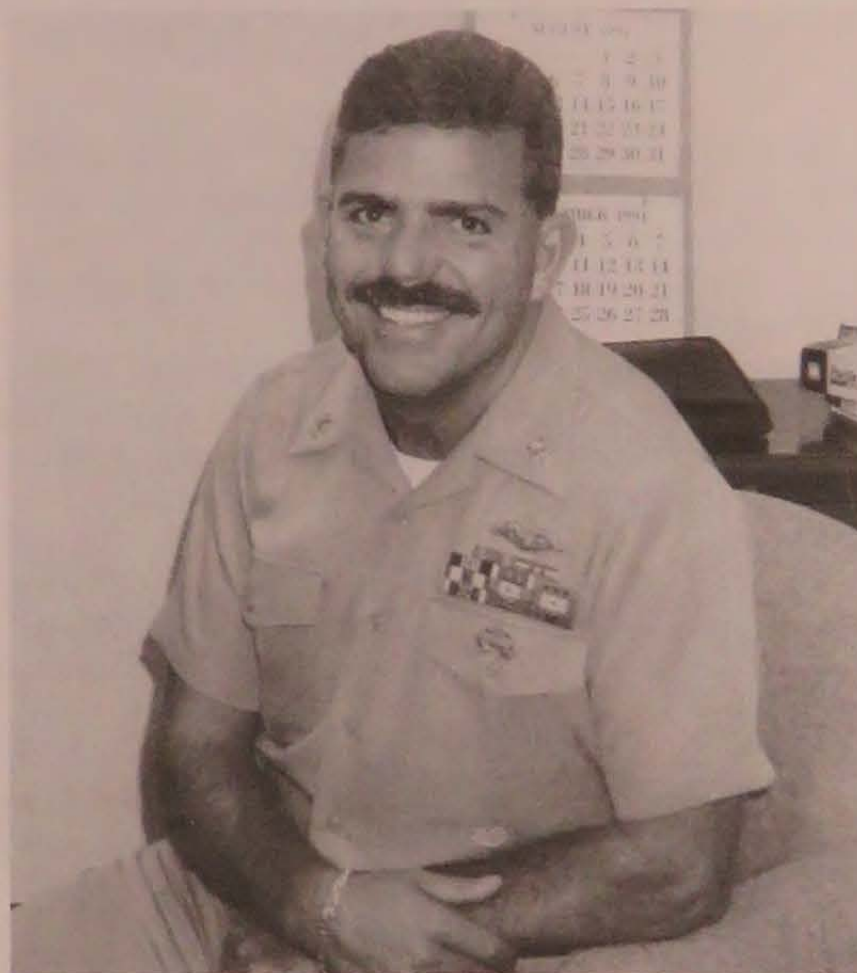
## NHO welcomes new command master chief

By Andree Marechal-Workman

NHO -- Command Master Chief Petty Officer (Submarines) Thomas M. Grieb wanted to be an air traffic controlman when he joined the Navy in 1970, but he elected to be a corpsman when he was found to be partially color-blind, and he's never regretted this career choice decision.

Grieb, who was Force Medical Master Chief for Commander Submarine Force, U.S. Pacific Fleet (COMSUBPAC) in Pearl Harbor, Hawaii, before taking the helm as top enlisted at Naval Hospital Oakland (NHO), said he plans to use the expertise he gained while serving with the submarine service and put it to work for NHO.

"During my tour at COMSUBPAC... we were able to make some major changes to the Manual of the Medical Department (NAVMED P-117) and the Radiation Health Manual (NAVMED P-5055)," he said, explaining that these will have a major impact upon Navy Medicine. Along with "making sure [NHO's] Chiefs community becomes actively involved with the day-to-day running of the hospital," foremost on Grieb's immediate agenda is to take custody of the command's enlisted troops -- to protect their rights and let them know "they have a chain of command they can use and let it work for them." His long term goal is to instill the concept of Total Quality Leadership (TQL) at the hospital.



HMCM (SS) Thomas M. Grieb

"This means giving a voice to everyone within the command," he said, "to get away from the old military 'don't do as I do, but do as I say,' type of [leadership]." And although he is aware that it might be a long time before the program is effective, he emphasized the urgency of starting the process immediately.

"Everyone needs to come on line, participate and accept it," he stressed, "because it is the future."

Leading by example and a two-way program of sharing experiences are among Grieb's other priorities -- to "share as well as receive." This is a never-ending process, he said, adding that "he believes you learn from your peers and subordinates as much as you teach them."

"But that doesn't mean rules should be overlooked," he warned. "The system is made to be used by everyone, and [those] who try to abuse it or beat it are not going to win."

And speaking of the system, the command master chief wants everyone to know that he supports the "Navy smoke-free" target date of the year 2000. "I want to encourage everyone to do what they can to support the Navy's program by quitting smoking and by supporting the Navy's PRT (physical readiness testing) program -- by setting themselves up with a physical fitness program that will allow them to maintain a healthy physical status at all time."

## NAVCARE Clinic Oakland "Stands Ready to Serve"

By Nicole A. Rodríguez

NHO --With today's rising health care costs, it seems to be the rule that affordable quality care is difficult to find. This is especially true of military beneficiaries who, in the face of Department of Defense budget cuts and base closures, have to seek alternative sources of medical treatment in already crowded military clinics and hospitals.

There are exceptions to this rule, however, and NAVCARE Clinic Oakland is a shining example: not only can the clinic provide free medical care to servicemembers, retirees and their dependents, it can also accommodate a greater patient load than it has since the day it opened under Navy contract three years ago, on July 18, 1988.

According to NAVCARE's Project Director Pat O'Hara, the modern, two-story facility has the

capacity to serve "up to 200 patients per day," but are seeing only an average of 145 to 150.

"Our greatest problem is having people know we exist," she said in a recent interview, adding she has a waiting list of physicians eager to work and could "staff up at a moment's notice."

NAVCARE, a Joint Commission Healthcare Organization (JCAHO) accredited clinic contracted by the Navy because of overcrowding at Naval Hospital Oakland (NHO), is operated by a civilian staff experienced in military medical care. It offers daily ambulatory care on both a walk-in and "by appointment" basis to military beneficiaries of all ages. There's a catch; however, patients must be verified Defense Enrollment Eligibility Reporting System (DEERS) and the care is limited to acute and uncomplicated chronic conditions. See NAVCARE centerfold



Pint size pediatric patient, Sean Kang, (center) can't wait to get his hands on Steven Reid's space-age construction, as his mother, Kye Kang, stands by to referee. (Official U.S. Navy photo by Andree Marechal-Workman)



## Perspectives

### Salute to Excellence:

# Navy surgeon general ends 36-year career



Vice Admiral James A. Zimble  
30th Navy Surgeon General

BY JOC Walton Whittaker  
BUMED Public Affairs

Washington (NNS) -- Since James A. Zimble of Philadelphia joined the Navy on a whim, he never could decide -- even to the last minute -- whether he should make the Navy his career. Thirty-six years later, Vice Adm. Zimble retired as the 30th surgeon general of the Navy and director of Navy Medicine in ceremonies June 28.

"It just happened," the Navy's top doctor said, "it is not what I expected when I graduated from medical school."

From the time Zimble finished his internship at Naval Hospital St. Albans, N.Y., his life was anything but routine as he rose steadily up the Navy ladder. He was appointed to the Navy's top medical job in 1987 and has guided Navy Medi-

cine through a massive reorganization as well as its much-heralded service in Operations Desert Shield/Storm.

"In the most expensive medical exercise in history, we were able to demonstrate to the world that we were superbly capable of meeting our readiness mission," Zimble said. "Desert Storm showed off the skills and talents of our people."

**"It was heartwarming to see what we could do." -- Vice Admiral Zimble**

More than 12,000 active-duty and naval reserve men and women answered the call to provide in-theater medical service during the war with Iraq. The first medical augmentation team reached the Middle East within a week of Iraq's invasion of Kuwait.

"It was heartwarming to see what we could do," the retiring surgeon general said. "The Marine Commandant pulled me over at a recent meeting and told me that, in all his years in the Marine Corps, he had never seen such a response from Navy Medicine."

Zimble directed Navy and Marine medical support for the allied effort, and visited his crew afloat in the Persian Gulf and Red Sea as well as inside Saudi Arabia -- visits he said he will never forget.

"Anxieties were high the week before Christmas," Zimble said. "People were talking about SCUD missiles and facing one of the world's largest armies, yet they focused on getting their job done...the concern was for their job, not their personal safety. It made me very proud."

The admiral took over Navy Medicine at a time when it was "on the ropes" -- short on doctors, nurses and resources. During the next four years, he turned Navy Medicine around.

"One day I spent four hours with a group of surgeons, getting home at 10 o'clock at night, feeling very depressed about the lack of support in Navy Medicine," Zimble said of his first days as surgeon general. "Now, I talk to the same groups, and it is hard to imagine the turnaround." Under his guidance, Navy Medicine made great strides in care of sea service personnel and their families, but he admits there is always room for improvement.

"Mostly, we still have to be sure we have adequate resources to exploit fully the large capital investment in our property," Zimble said. "We still have unused capacity in our hospitals. We need more staffing. Whether we do that through more people in uniform or through partnerships and shared resources, we need the flexibility to get it done."

**"I will stand by to assist you." -- Vice Admiral Zimble**

Zimble is well-known for his "Charlie Golf One" program, advertised throughout the Bureau of Medicine (BUMED) and Navywide. More than a slogan, Charlie Golf One is an international signal code meaning, "I will stand by to assist you." That code is Zimble's trademark for Navy Medicine, as reflected on his tie tacks, watches, cuff links and "CG One" license plates.

After turning over the reins of BUMED to Vice Adm. Donald F. Hagen June 2, Zimble begins a new career as President of the Uniformed Services University of the Health Sciences -- the nation's only uniformed medical school.

"It really won't be a retirement," Zimble said. "It will be a transition from one career to another." His wife, Janet, gave him some advice before he considered his retirement options.

"She told me, 'just get to work'," Zimble said. "And that's what I'll do."

### Red Rover

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### Ceremony held for HMC Ronald Webb's retirement

Branch Medical Clinic Moffett Field -- HMC Ronald E. O. Webb was "piped over the side" in a ceremony led by the Branch Medical Clinic Moffett Field Officer in Charge, Cmdr. Lee Tompkins, on June 27. The time-honored Navy tradition concluded the retirement ceremony of his 22-year naval career.

As the Administration Division Officer, he contributed significantly to the branch clinic's operations during Operation Desert Storm. Tompkins awarded Webb the Navy Achievement Medal, presented the traditional American Flag and a Branch Medical Clinic plaque. Webb was awarded the Meritorious Unit Commendation Medal, Naval Fleet Marine Force Ribbon, and the Good Conduct Medal among many other awards. Webb's future plans include furthering his education as an advanced X-ray technician.



# Interns bring new light to NHO

By JOSA Kyna S. Kirkpatrick



Lt. Richard Guinand, MC, takes a moment to relax during his General Surgery rotation as an intern at Naval Hospital Oakland. (Official U.S. Navy photo.)

NHO -- Each year since 1947, Naval Hospital Oakland (NHO) has hosted a class of interns who further their medical training by getting practical clinical experience, said Lt. Cmdr. William R. Strand, Medical Corps, a staff urologist.

Strand, who is director of intern training for 1991-92, explained that the new interns "will go through a rotation schedule in either Internal Medicine, Surgery, Obstetrics/Gynecology or a transitional schedule." He added that each schedule gives them the opportunity to learn all aspects of an area, and that the transitional schedule is provided for those who are still deciding on a specialty. "With this program," he said, "they can find the area that will suit them best."

In discussing the program, Strand was quick to point out that NHO has always attracted very talented individuals from both the military and civilian sectors, explaining that the interns selected this year come from such prestigious universities as Stanford and Georgetown, as well as the Uniform Services University of Health Sciences.

"In their final year of medical school, on a Navy scholarship, they can apply to the teaching naval hospital of their choice," he said, adding they can select from Naval Hospital Bethesda, Md., Naval Hospital San Diego and NHO, Calif., and Naval Hospital Portsmouth, Va.

One of this year's interns, Lt. Richard Guinand, Medical Corps, said he chose NHO



Medical Education Coordinator, Lisa Aguilar, looks over intern rotation schedules in the Medical Education Office at NHO. (Official U.S. Navy photo)

because "it has the best orthopedic program in the Navy." Guinand, who graduated from Southeastern University in Miami, Fla., added that, as a medical student, he did a [45-day military] rotation in NHO's Orthopedic Department in March 1990, and "was impressed with the attitude of the staff -- with the way they seemed to enjoy working as a team."

According to Strand, part of NHO's mission is to train interns and residents in Navy Medicine -- to prepare them for a successful career in Navy health care delivery. This has a major impact on the teaching institution, he explained, "...because, not only do we train the interns, but since they are primary care providers, with such a large group, there's a lot of contact between patients and [the hospital's regular] staff."

These contacts are mutually beneficial and make for a healthy interaction, Strand continued, explaining that, as interns go through the learning process, the entire staff benefits through the influx of their new ideas and enthusiasm.

"That tends to lend a real spark to the overall atmosphere," Strand said, "a sort of excitement at the hospital ... you have those young people eager to learn, and that gets everyone going."

Strand acknowledged the interns work long arduous hours and are responsible for primary patient care on the wards and clinics. However, he clarified that "they are supervised by the residents and staff members, and are not making decisions autonomously." According to Medical Education Coordinator Lisa Aguilar, interns assume a special role during disasters.

"Although the 1990-91 class did not participate in earthquake drills, the previous class was very much involved with the 1989 Loma Prieta quake," she said, adding that they assisted

in rescue efforts at the Cypress Freeway collapse. Since the interns are not licensed doctors, they couldn't participate in Operation Desert Shield/Storm, Aguilar continued, "but what they did do, was pick up a lot of slack when NHO physicians were sent to the Gulf. It was difficult because they [the interns] had to take on the kind of responsibility the deployed medical officers would have normally assumed, when they were here for training."

According to Strand, each intern is assigned an advisor who oversees his/her performance and helps with any problem that might arise during the year. "The advisors and I meet every month to evaluate the performance of each intern," he said. "This helps to keep them on track and insures efficient resolution of any problem."

Strand explained that interns are given additional emergency/acute care training that includes Basic Life Saving (BLS), Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Saving (ATLS) and Combat Casualty Care (C-4) in San Antonio, Texas. In addition, he said that the new intern class will be certified in Pediatric Advanced Life Support (PALS), a new requirement for the internship program.

"At the end of the year, Navy interns are much more capable of handling acute crisis situations than before they started their medical training," Strand emphasized. "This makes them stronger in that area than [their] civilian counterparts who are not trained in that particular discipline."

Strand stressed that the Navy is getting people "who want to come here," and using last year's class as an example of the high caliber of physicians graduated at NHO, he said that, in his opinion, "they are professionally impressive and have played an integral role in improving the hospital's health care delivery."

Aguilar concurred, and attributed part of the success to the Intern Selection Board in Bethesda who "choose candidates from the top one to five percent of their graduating classes."

The 1990-91 intern class graduated on June 28. Six were selected for residencies at NHO. The others became general medical officers on ships and land based clinics and hospitals.

## Safety Corner



Robert C. Woodford  
Director Occupational Health and Safety

### Set up your computer station for maximum comfort and efficiency

According to an article in USA Today, computer users are susceptible to on-the-job health problems caused by repetitive motion. These problems include tendinitis, carpal tunnel syndrome and tennis elbow. Workers can avoid these problems by setting up their computer stations for maximum comfort and efficiency.

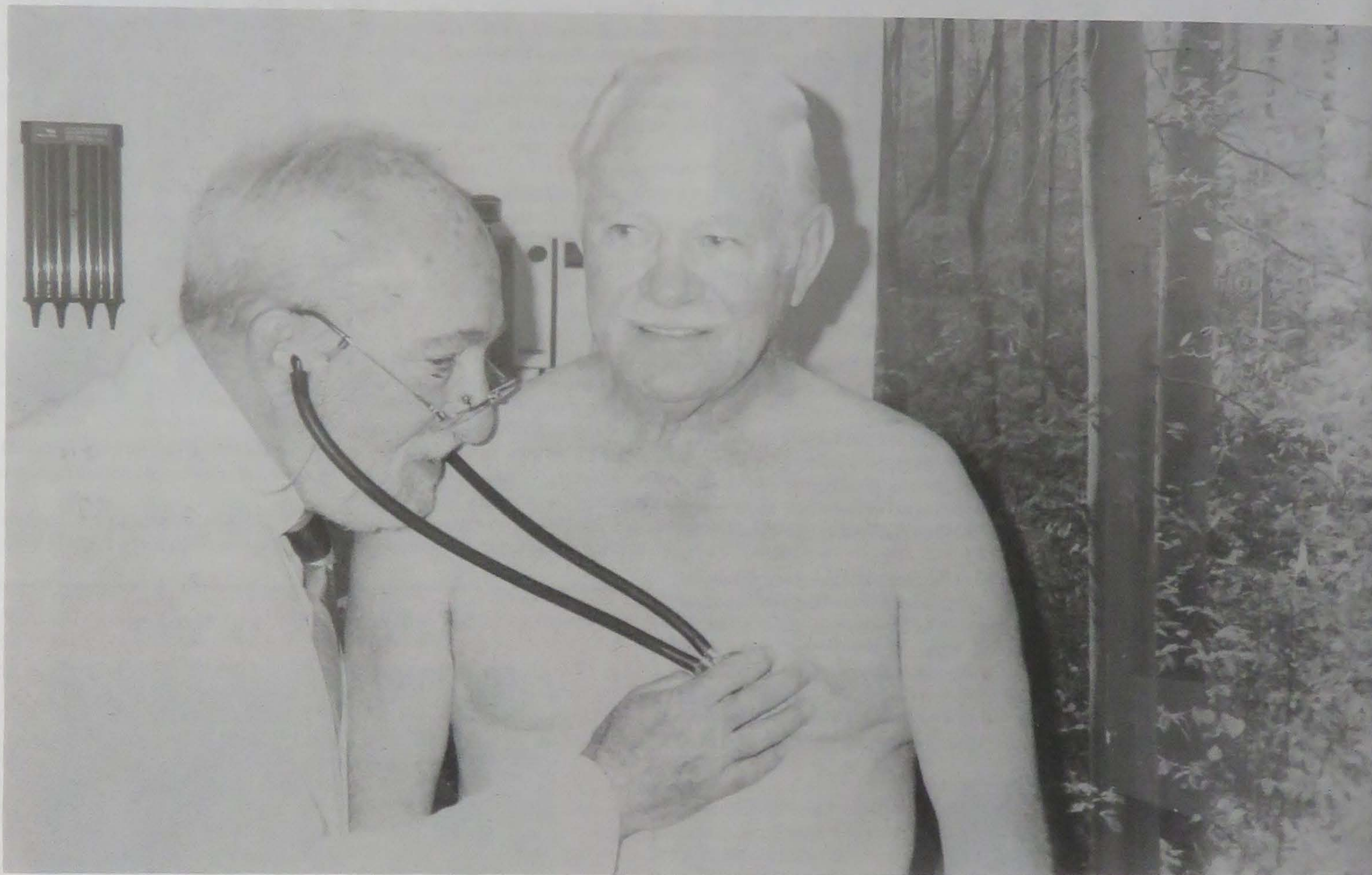
Use the following guidelines:

- \* Have your eyes level with the top of monitor. Make your line of sight to the screen 10 to 20 degrees below horizontal.
- \* Position your terminal to eliminate glare. Use curtains or blinds to reduce outside light.
- \* Keep your back and neck erect and your upper arms perpendicular to the floor. Your back thighs should make an angle slightly more than 90 degrees.
- \* When typing, keep your forearms and wrists as horizontal as possible. You may need an adjustable keyboard and forearm rest.
- \* To relieve eye and respiratory problems you may have, make sure air vents are not stirring up fibers or dust.
- \* Keep your feet firmly on the floor or on a footrest. Try to keep your lower legs perpendicular to the floor.
- \* Avoid sitting next to the office machines such as copiers and laser printers as they may give off fumes.
- \* Use a document holder. Position it close to and at the same level as the monitor screen.



# NAVCARE Clinic (continued from front)

Photos by Andree Marechal-Workman and Nicole A. Rodriguez



Dr. Leon Meir, Md, gives his full attention to Air Force retiree Lindell W. Barker.

In other words, O'Hara explained, "our physicians are licensed and board certified primary care specialists. We don't have orthopedics. If a patient needs that kind of care, we do a consult and then set up an appointment through our health benefit advisor (HBA) so they can go to maybe Letterman." Another restriction, O'Hara added, are pregnant women who, according to NAVCARE's contract, must be seen at other clinics.

O'Hara and NAVCARE's staff are extremely proud of the clinic's accomplishments. She said that, in addition to the Women's Health Clinic (where adolescents are also seen) and the Routine Primary Care Clinic, they've added an Hypertension Clinic. Moreover, to reduce the burden of primary care by appointment.

"Now patients can call us and make an appointment for any reason except specialty clinics [such as] pap smears and the Well-Child Clinic. At their busiest times, walk-in patients face long waiting periods. However, she indicated the appointment system greatly reduces the wait time."

NAVCARE's Infoline, (415-632-7286), provides up-to-date information about the patient load status on a recorded tape that is available 24 hours a day.

Although primarily staffed by civilians, NAVCARE reports to NHO and has a two-person Navy team aboard, led by Senior Chief Petty Officer [his name] who is one of the best things [he's] ever seen in the military health care system."

Fitzgerald, who serves as the contract officer technical representative (COTR) responsible for interpreting and monitoring the clinic's performance, said NAVCARE "helps relieve some of the burden of primary care at the hospital, especially dependents and retired military."

Fitzgerald added that, without NAVCARE, the hospital would be seeing many more patients and those would be "getting abbreviated care." "There's no turnover like at NHO, where doctors are [always] being replaced. It provides good continuity because their doctors remain with the clinic."

So it would seem that all DEER-eligible military beneficiaries have to do to get free quality health care is hop onto Interstate 880 and drive to the clinic where NAVCARE Clinic Oakland is standing by to serve an ever growing number of them.

Walk-in clinic hours are: weekdays, 7 a.m. to 8 p.m.; weekends and holidays, 7 a.m. to 4 p.m. Specialty clinics such as Hypertension and Diabetes are by appointment only.

*(Editor's Note: According to NHO's Outpatient Record Department, all active-duty servicemembers and retirees are automatically enrolled in DEERS. However, because of unforeseen problems, their dependents are not always registered and need to contact their respective Personnel Offices to get enrolled in DEERS. In addition, for one reason or another, some retirees find they're not automatically registered when they retire. Their respective PSDs are the places where they can fill out the DEER enrollment form that will unlock the door to NAVCARE.)*





**Medical Technologist Robin Levin draws blood from Rita Barker.**



**Pat Jones, Certified Radiology Technician, checks the patients' records.**

cardiologists, oncologists...when  
into the appropriate clinic at NHO  
to NHO or to one of the branch  
c, the Well-Child Clinic (in which  
g periods, NAVCARE now offers  
"Hara said, explaining that during  
and "they love that."  
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and Routine Primary Care operate  
registered into the DEERS system.  
upport Detachments (PSDs) to get  
n active duty. In these cases also,  
1 for them).



## Naval Hospital Oakland General Surgery Clinic Up-Close

**Your job:** General Surgery resident.

**Marital Status:** Single

**Hometown:** Kentfield, Calif.

**Hobbies:** Running, weightlifting and sailing.

**Likes:** Reading history, microbreweries and Mexican food.

**Dislikes:** Paperwork and bureaucracy.

**What is the most challenging part of your job:** Trying to provide good care while the contractors tear this place apart.

**What is your immediate goal:** Finish my residency.

**What is your long-term goal:** Open a same-day surgery unit in Phuket.

**If I could do it all over again, I'd:** Have been a Navy pilot first. I can still pass the eye test.

**I wish I could stop:** Government waste and inefficiency, it's really tragic.

**I respect myself for:** Maintaining some semblance of mental and physical health despite a resident's hours.

**Role models/heroes:** My father and "Professor" Allhouse.

**Special Comment:** This hospital used to be a dynamic place in the early 80's. I hope that after P-122 and the consortium additions are in place we can return to that performance level.



Lt. Cmdr.  
Jim Schneider, MC



HM3 Brian A. Shepherd

**Your job:** I assess patients, set up charts and X-rays for next day patients; assist in minor surgery.

**Marital Status:** Single.

**Hometown:** Grayling, Mich.

**Hobbies:** Play guitar and ski.

**Likes:** Food and people with good humor.

**Dislikes:** People with squeaky voices.

**What is the most challenging part of your job:** Trying to help the medical officers while trying to help patients.

**What is your immediate goal:** To go to and complete X-ray school.

**What is your long-term goal:** To have a good time while I am in the Navy.

**If I could do it all over again, I'd:** Have gone to college for a couple of years before enlisting.

**I wish I could stop:** Procrastinating.

**I respect myself for:** Trying my hardest at all I do.

**Role models/heroes:** Steve Vie and my Dad.

**Your job:** Receptionist, secretary, appointment clerk and patient contact representative.

**Marital Status:** Single.

**Hometown:** Oakland, Calif.

**Hobbies:** Music, travel, reading and stage acting.

**Likes:** Creativity toward progress.

**Dislikes:** Dishonesty and ambiguity.

**What is the most challenging part of your job:** Measuring up to the task of of giving support to the doctors and serving the patients. It's an enjoyable and enriching challenge. I appreciate growing with the demands of the job.

**What is your immediate goal:** Help move the clinic back to the fourth floor, assist in achieving as smooth of an adjustment/transition as possible for everyone involved.

**What is your long-term goal:** My service at Oak Knoll is not a career matter. It is a life. It has its falls and its victories.

**If I could do it all over again, I'd:** Do it all the same, only start doing it sooner than I did.

**I respect myself for:** Being 100% sure that I am performing my job to the best of my abilities.

**Role models/heroes:** They are around me here in the hospital, everywhere I look.



Andre Khougaz

## From the Chaplain



## When God created the Military Spouse

When the good Lord was creating military spouses, he was into his sixth day of overtime.

An angel appeared and said, "You're having a lot of trouble with this one. What's wrong with the standard model?"

The Lord replied, "Have you seen the specs on this order? It has to be completely independent, but must be sponsored to get on a military installation, have the qualities of both mother and father during deployments, be a perfect host to four or forty, handle emergencies without an instruction manual, cope with the flu, move around the world, have a kiss that cures anything from a child's torn valentine to a spouse's weary day, have the patience of a saint waiting for its mate to come home and have six pairs of hands."

The angel shook his head slowly and said, "Six pairs of hands? No way."

The Lord answered, "Don't worry, we'll make other military spouses help. Besides it's not the hands that are causing the problem, it's the heart. It must swell with pride, sustain the aches of separations, beat on soundly when it's too tired to do so, be large enough to say 'I understand' when it doesn't and say 'I love you' regardless."

"Lord," said the angel, touching his sleeve gently, "go to bed. You can finish tomorrow."

"I can't," said the Lord, "I'm so close to creating something unique. Already I have one that heals when sick, feeds unexpected guests who are stuck in the area due to bad weather, waves good-bye to its spouse from a pier or runway and understands it's important to the country that the spouse leaves."

The angel circled the model of the military spouse very slowly, "It's too soft," she sighed.

"But tough," said the Lord excitedly. "You cannot imagine what this being can do or endure."

"Can it think?" asked the angel.

"Can it think?! It can convert 1400 into 2:00 p.m.," replied the Lord.

Finally the angel bent over and ran her finger across the cheek. "There's a leak," she pronounced. "I told you that you were trying to put too much into this model."

"It's not a leak," said the Lord, "it's a tear."

"What's it for?" asked the angel.

"It's for joy, sadness, pain, loneliness and pride."

"You're a genius," said the angel.

The Lord looked very somber and replied, "I didn't put it there."



## For Your Health

### How to become a loser:

## Strategies for winning the weight loss war

NHO -- Here are guidelines for a successful Physical Readiness Test (PRT) and the small waistlines and better health that go with them.

The first step is to throw those fad diet books away. Losing weight permanently requires smart food choices, behavior changes, regular exercise and patience.

Guidelines are as follows:

\* **Reduce calories and fat:** There's simply no way to lose weight without moderately reducing calories and fat. Since one pound equals 3,500 calories, in order to lose one pound a week, one has to cut down by 500 calories per day. Smart food choices for weight reduction include plenty of fruits and vegetables; whole grain breads; low-fat dairy products; fish; lean meats and skinless poultry. Reduction in the intake of sugar and alcohol will also translate into reduced calories.

\* **Change eating habits:** When you eat and how you eat is as important as what you eat. Eat a moderate breakfast, lunch and dinner. Learn to recognize true hunger, not stress, anger or boredom. Eat only when you're hungry, even if it's more than three times a day, but eat only what's on your plate and stop when you're full. Other tips for smart eating behaviors include: use smaller plates, eat slowly and leave the table as soon as you're finished. No television, radio or reading while eating either. These distract from the act of eating and make it harder to recognize when the stomach is full.

\* **Don't forget to exercise regularly:** Physical exercise not only burns calories and fat, it reduces tension which may lead to overeating. Terrific calories and fat burners include: walking, jogging, aerobics, biking and swimming. The number of calories used when exercising depends on how strenuous the activity is, length of exercise time and current weight. Exercise will also tone you up and trim off those extra inches.

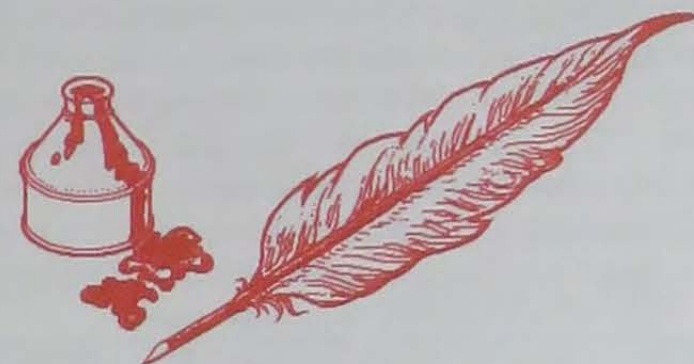
\* **Keep your spirits up:** Set realistic weight loss goals for yourself -- and then have patience. It took a while to gain excess pounds, it's going to take a while to get rid of them. If you make your health, fitness and well-being a priority while you're losing weight, it will be easier to maintain that weight loss for life.

These and other topics are covered in weight loss classes for active-duty members provided by Naval Hospital Oakland (NHO) Food Management Department. To reserve a spot in the class get a consult from your doctor or PRT coordinator. The appointment secretary can be reached at (415) 633-5820. Our aim is to help you "be a loser" -- and win.



Lt. Terry Priboth, MSC

## OAK KNOLL NEWS



### Nurse's role in smoke free society

Naval Hospital Oakland, in conjunction with Stanford University, will present a lecture and slide show entitled "Nurse's Role in Smoke Free Society" on Aug. 14, 8:30 a.m. - 12:30 p.m., in the hospital's clinical assembly room. Presentation will be given by Carol Evans, director of nursing continuing education at Stanford. Admission is free; however, those earning six units of continued education, will be charged a nominal fee.

The seminar is sponsored by NAVCARE Clinic Oakland and presented by Stanford University.

For more information contact NHO's Wellness Department, at ext. 8856.

### Uniform regulations violation

The casual wearing of dungarees onto or off the Naval Hospital compound is a violation of uniform regulations. Drivers and passengers are authorized to wear dungarees when traveling in a military vehicle from one base to another on official business. Drivers or passengers arriving or leaving the compound dressed in dungarees will be cited and turned over to their respective departments or tenant commands.

### Excessive noise causes hearing loss

It's apparent that a good number of personnel may be suffering from a High Frequency Hearing Loss (HFHL). California Vehicle Code, Section 27007VC, Excessive Noise, makes it illegal to have your vehicle radio at a level which can be heard more than fifty feet from the source. Let's turn the volume down.

### New area code for Oak Knoll and other Bay Area Navy installations

On Sept. 2 Area Code 510 will be serving the following bases in the San Francisco Bay Area: Naval Air Station Alameda, Naval Hospital Oakland, Naval Supply Center Oakland and Point Molate, Weapons Station Concord, Public Works Center San Francisco Bay, Consolidated Area Telephone Service Oakland, Public Works Center San Francisco Bay and Oakland Army Base.

Area Code 415 will continue to serve Naval Air Station Moffett Field, Western Division Naval Facilities Engineering Command San Bruno, Hunters Point Annex, Naval Station Treasure Island, and Department of Defense Housing Facility Novato.

## Oak Knoll Sports

1991 Men & Women's Golf Tournament -- at Naval Air Station Moffett Field on July 18-21, 1991.  
Chess Championships -- at the Bay Breeze Club, Bldg. 22 at Skaggs Island, on July 27-28, 1991.

### Slow Pitch Softball

#### Intramural standings of games played through 3rd week.

Team	Won	Loss	%
RAD Waste	4	0	1.000
Lab.	4	0	1.000
Pharmacy	4	0	1.000
OB/GYN/PEDS	3	1	.750
X-RAY II	3	1	.750
NP	2	2	.500
Med Repair	2	2	.500
Ortho	1	1	.500
MSC	1	2	.333
Radiology	1	2	.333
Dental	1	3	.250
MOR	1	4	.200
PT	0	3	.000
Supply	0	4	.000
RT-CP	0	4	.000

For more information, call Morale Welfare and Recreation at ext. 6014.



# BUPERS affirms: no involuntary separations

Washington (NNS) --The Department of Defense announced on June 21 policies governing separation pay and transition benefits for certain officers and enlisted personnel who are required to leave military service as the armed forces get smaller. But the Chief of Naval Personnel told sailors not to worry. "Our approach hasn't changed, we are not using involuntary separations as a means of reducing the size of the Navy," explained Vice Adm. Mike Boorda. "Our goal is to give everyone who has good performance and wants to stay in the Navy the opportunity for a good career."

The Navy plans to reduce personnel levels by recruiting fewer sailors, commissioning fewer officers and retiring those who have completed their careers under Defense Officer Personnel Management Act (DOPMA) for officers and high-year tenure for enlisted personnel. The Navy will select some additional retirement-eligible officers for early retirement in order to meet officer reduction requirements without forcing out mid-career officers. According to DoD, other services may be forced to separate large numbers of personnel involuntarily.

"These are valued members of the defense team who are well-trained and disciplined -- a national asset in every sense," said Defense Secretary Dick Cheney in his announcement of the transition benefits package.

"We must do everything we can to help them make a smooth transition into the private sector."

Benefits for these servicemembers may include separation pay; temporarily extended health care; commissary and exchange privileges and housing eligibility; one-time employment preference in non-appropriated fund activities; excess leave or permissive temporary duty for job or house hunting; priority in affiliating with National Guard or reserve units and the opportunity to enroll or convert to Montgomery GI Bill education benefits.

Based on earlier congressional action, separation pay is available now for qualifying enlisted personnel, and the former cap of \$30,000 on separation pay is removed.

Full benefits will require at least six years of service and satisfactory military performance. A person discharged based on court-martial, as a result of misconduct or based on

unsatisfactory or sub-standard performance, will not be entitled to separation pay or temporarily extended benefits. However, some assistance, such as pre-separation counseling and employment/relocation assistance will be available to everyone leaving the service.

"There are many good things in the new package," Boorda said, "and there will be a few Navy people with good service who qualify for separation pay and other benefits."

Examples may be sailors who work hard but fail to advance, and run up against high-year tenure limits prior to retirement eligibility; some junior officers passed-over twice for promotion and servicemembers separated for medical reasons. Boorda said such cases are relatively small in number.

"I think that sailors should understand that separation pay is not a real good deal compared to full retirement pay and benefits," Boorda added.

"Everyone is better off if we let good people continue to ship over and pursue full careers. It's better for those individuals, and better for a Navy that needs their talent and experience."

## Vacancy Listing

Shown is a partial listing serviced by the Civilian Personnel Department, Naval Hospital Oakland (NHO). To receive the full vacancy listing, contact the Civilian Personnel Office at (415) 633-6374.

Position	Location	Closing Date
Secretary (typing) GS-318-6	Laboratory Department	OUF
Medical & Health Summer Intern (Industrial Hygiene) GS-669-4/5	BMC, Concord; BMC, Mare Island	OUF
Lead Medical Record Technician GS-675-6	Patient Administration	OUF
Medical Equipment Repairer WG-4805-11	Supply Department	OUF
Supvy Community Health Nurse GS-610-11	Occ Health/Preventive Medicine	OUF
Medical Records Technician (typ) GS-675-4	BMC, Treasure Island	OUF
Laboratory Worker WG-3511-4	Operating Room	OUF
Nurse Specialist GS-610-11	Ambulatory Care	OUF
Contact Representative (typ) GS-9662-6	Patient Administration	OUF
Supply Clerk GS-2005-5	Material Management	OUF
Computer Operator GS-332-5/6	Management Information	OUF
Housekeeping Aid Leader WL-3566-2	Operations Management	OUF
Management Assistant GS-344-6/7	Safety Office	OUF
Secretary (typing) GS-318-4	OCC Health/ Preventive Medicine	OUF
Procurement Assistant GS-1106-7	Material Management	OUF
Supply Technician GS-2005-6	Material Management	OUF
Secretary (Stenography) GS-318-8	Executive Office	OUF
Nurse Specialist GS-610-11	Quality Assurance	OUF
Nurse Practitioner (Family) GS-610-9/11	BMC, Moffett Field	OUF
Physician's Assistant GS-603-11	Internal Medicine	OUF
Staffing Assistant (typing) GS-203-6	Civilain Personnel	OUF

OUF: Open until filled.

## Employment Tips

### Looking for a civilian job?

NHO -- A Washington lecturer and author on career transition from military to civilian employment was at the Basilone Theater, Naval Station Treasure Island, on July 16, 1991. He spoke to officers, top three noncommissioned officer grades and spouses on "Marketing Yourself for a Second Career."

Col. Doug Carter, USAF- Ret., Director of the Officer Placement Service for The Retired Officers Association (TROA) travels nationwide addressing military audiences composed of people who are nearing retirement, being involuntarily separated or opting to leave military service.

In his free two-hour presentation, Carter introduced the audience to the realities of the civilian job market, rejection shock, resume writing, networking, job interview strategy, salary negotiation and much, much more. He didn't promise any individual instant job search success, but guaranteed that each person who attended his lecture would profit from the knowledge gained and would be ready to move in the right direction toward that second career.

Praised by military installation commanders for his depth of knowledge and dynamic delivery, Carter pointedly discussed all the pros and cons regarding retirement and the civilian job market. One attendee remarked, "it was the best reenlistment pitch I have ever heard." At the same time, Carter provided a wealth of information for those leaving the service. Military members and their spouses, were cordially invited to attend the lecture, and were given an opportunity to ask questions of Carter and they also received a free copy of the publication, Marketing Yourself for a Second Career.

Point of contact for further information is Winston Coye at (415) 395-5176. The retired Officer Association sponsors these lectures, which in 1990 were presented to over 20,000 personnel at 90 military installations throughout the United States.

## Benefits of Direct Deposit

NHO -- Today's banks and credit unions are emphasizing flexibility and customer convenience, while providing state-of-the-art methods for managing your financial affairs. Participation in Direct Deposit will allow the following benefits to happen for you:

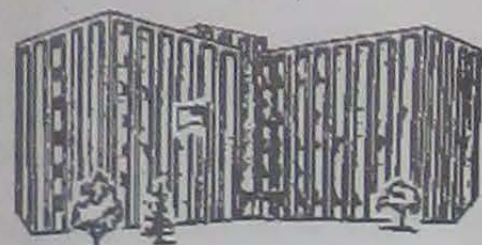
- \* Accurate, timely pay regardless of member location;
  - \* No standing in line to cash paychecks;
  - \* Decreases in the potential for theft of cash;
  - \* Earning interest on accounts immediately;
- Don't stand in line. Start Direct Deposit today! The Defense Finance Center has a toll free number (1-800-346-3374) for obtaining direct deposit information while in a leave or travel status.



**Happy 44th Birthday**  
**Medical Service Corps, August 4**

**Bravo Zulu June Sailor of the Month**  
**HM2 Daniel A. Laporte**

See page 3



The Navy's First Commissioned Hospital Ship

# The Red Rover



Volume 3-Number 9

Naval Hospital Oakland, California 94627-5000

August 2, 1991

## Water shortage causes concern on military installations

By Capt. John Kelly, MSC, USN  
Director of Resources

NHO -- Here at Naval Hospital Oakland (NHO), many residents have been concerned about our participation in water conservation efforts. According to a letter submitted to the "Listening Box," a resident had doubts as to whether or not we conserve water because the hospital lawns are watered every day.

**"...we have reduced our water consumption by 19.3 percent!"**

At NHO we are doing our part by rigorously rationing the number of places being watered. In comparing water usage in Fiscal Year 1990 and Fiscal Year 1991, we have reduced our water consumption by 19.3 percent. This is a clear indication that our voluntary participation in the California water rationing program is paying dividends in reduced water usage.

There is a large amount of property here at Oak Knoll. We are trying to take care of this property and save money which, in the future, would have to be spent on upkeep and maintenance or replacement. This is essential in today's world of shrinking defense budgets.

According to Dick Bennett, a water conservationist at East Bay Municipal Utilities District, as long as lawn watering takes place in the early morning hours or late afternoon, we ensure the maximum amount of water used goes into the soil and is not evaporated. Our contract with the landscaping company states that watering is to stop at 11 a.m., but due to their small crew, they are given a one-hour leeway time.

In accordance with the California water rationing programs, hospitals are exempt when water is used in the direct care of patients. When you look at the whole picture, the amount we use in irrigation is very small in comparison to other ways in which water is used on the compound.



CAPT John Kelly, MSC, director of Resources for NHO, and LCDR George Smith, CEC, head, Facilities Management, go over water conservation details for the hospital compound. (Official U.S. Navy photo by JOSA Kyna S. Kirkpatrick)

## A Telecommunications feat

# New MARS station available for use at NHO

By Andree Marechal-Workman

NHO-- Electronic Technician Chief Petty Officer Arthur Hernandez was talking to a ham radio operator aboard USNS Mercy (T-AH 19) while the hospital ship was getting underway in August 1990, and this marked the beginning of a beautiful venture.

Hernandez, who is branch chief for the Calibration and Mine Counter Measures Work Center at Naval Air Station Alameda, said he asked the sailor if his ship wanted a MARS (Military Affiliated Radio Service) communication system and the answer was emphatically "yes."

"I had 30 days' leave," Hernandez recalled. "So I spent the time working on a proposal to set up the station at Naval Hospital Oakland (NHO), and wrote up a package for, then, [commanding officer], RADM David M. Lichtman."

Hernandez presented the package to Medical Service Corps Lieutenant Glenda Fowler, who now heads NHO's Mobilization Planning, and Fred Perea, head of Communications Department. They forwarded the proposal to Lichtman and, presto, as of Jan. 4, 1991, the command became the proud owner of a fully operational MARS station.

According to Perea, the presence of a MARS station on base is important in the event of a disaster, as well as for



NHO MARS station's chief architect, ETC Arthur Hernandez, grins as he contemplates his handy work. (Official U.S. Navy photo by Andree Marechal-Workman)

communication with military personnel overseas, as was the case during Operation Desert Shield/Storm.

"If all communication systems are down in the area -- for example during an earthquake," Perea said, "we can use MARS to call local, state or federal agencies for help."

In a nutshell, this is what the station can do:

- \*Make contact with virtually any radio station in the world.
- \* Make contact with city, state and federal agencies in the event of disaster.
- \*Provide communication between dependents and military personnel overseas, using a telephone patch with the radio equipment.
- \*Send and receive unclassified messages via microcomputer.

NHO's MARS station is fully operational, with room for volunteers, Perea concluded, indicating that prospective ham radio operator volunteers should contact him during working hours at 415/633-5891.

(Editor's Note: The MARS antenna was erected in January 1991, at a time when security was of utmost importance, and a story couldn't be released; however, it is alive and well, and we want folks at the command to know about it).



# Perspectives

## From the Commanding Officer

### Excellence through "Total Quality Leadership"



Rear Admiral William A. Buckendorf

As I settle into my new position as your Commanding Officer, I eagerly anticipate working with each of you to identify opportunities for improvement at Naval Hospital Oakland. My responsibility is to provide you with what you need to get the job done and to support you in efforts to improve the quality of service to our patients and to each other. I am totally committed to the Total Quality Leadership (TQL) process and the concept of teamwork that is essential to its success.

I fully realize that TQL philosophy cannot be learned and appreciated overnight.

The importance of learning the basics cannot be overstated.

I support a management philosophy that:

- (1) Recognizes the integrity of each individual worker;
- (2) Focuses on improving process, not blaming workers, for problems in quality;
- (3) Recognizes that management is responsible for improving the process;
- (4) Empowers members of the organization to make decisions and take calculated risks to improve the way we satisfy our customers;
- (5) Strives to do the right thing right the first time.

We have an aggressive Quality Improvement Training Plan on line for all staff in the next few months. Quality improvement facilitators are attending courses in August to prepare them to participate in and lead process action teams.

The Quality Leadership Council will attend additional advanced instruction in September, and department heads will attend training in October. Awareness training for all additional staff will follow soon after.

We have many exciting challenges ahead of us at Naval Hospital Oakland, the most important of which is to develop an atmosphere where quality is the primary and constant focus.

LET'S DO IT!

## Korean War Memorial is federal first

By Rudi Williams  
American Forces Information Service

Washington, DC --The Korean War Veterans Memorial will be the first memorial ever built on public land in the nation's capital by a government agency using private contributions.

That's what Congress told the American Battle Monuments Commission to do in Public Law 99-572, passed on Oct. 28, 1986. A small independent agency in the executive branch, the commission commemorates the services of American armed forces wherever they have served since World War I, said Army Colonel William E. Ryan Jr., commission director of Operations and Finance.

The lawmakers said the Korean War Memorial will honor all servicemen and women who served during the conflict, particularly those killed, missing or held as prisoners of war.

Most memorials erected in the nation's capital during the past few years, including the Vietnam Veterans Memorial and the Naval Memorial, have been private ventures.

Congress authorized the use of public land, but no federal office was charged to build it, according to Ryan.

"We've been building memorials around the world since the commission was established in 1923," he said. "After World War I, many units that fought in Europe erected memorials to themselves where they had served; usually, the units didn't acquire the land, didn't have an adequate design, didn't construct them properly and didn't provide for future maintenance."

Ryan said following World War I, the commission erected memorials in eight permanent American military cemeteries established on foreign soil and another 11 separate memorials.

Following World War II, the commission erected cemetery memorials at 14 overseas locations, plus the National Memorial Cemetery of the Pacific in Honolulu, the Presidio of San Francisco and Battery Park in New York City.

More recently, other World War II memorials were erected in Saipan, Northern Marianas and at Utah Beach, Normandy, France; another is under construction at Guadalcanal in the Solomon Islands.

## Red Rover

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### Commanding Officer

Rear Admiral William A. Buckendorf

### Executive Officer

Captain Noel A. Hyde

### Public Affairs Officer

Paul W. Savercool

### Assistant Public Affairs Officer

JO1 Kay Lorentz

### Editor

Andree Marechal-Workman

### Editorial Assistants

Nicole A. Rodriguez

JOSA Kyna S. Kirkpatrick

## Congratulations to chief petty officer selectees

HM1 Cirilo Biascaan  
Laboratory

HM1 Myrna Catubay  
Laboratory

HM1 Darlene Hamblett  
Radiology

HM1 Leonardo Soltes  
Branch Medical Clinic Treasure Island

RP1 Kristina Harsha  
Pastoral Care

HM1 David Hillman  
Branch Medical Clinic Mare Island

HM1 Camilo Rodriguez  
Branch Medical Clinic Alameda

HM1 Isagani Acance  
USNS Mercy

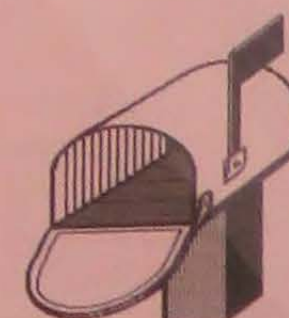
HM1 Theresa Hanson  
Navy Medical Administration Unit, Monterey



**Q:** There have been numerous comments received about watering on NHO's compound.

**A:** See article by CAPT John Kelly on page 1

S/ RADM William A. Buckendorf,  
Commanding Officer





# June Sailor of the Month

By Nicole A. Rodriguez

**BMC Moffett Field** -- HM2 Daniel A. Laporte was selected as June's "Sailor of the Month" for his outstanding performance as line captain of the Pharmacy Division at Branch Medical Clinic Moffett Field.

The clinic's officer in charge, Commander Lee W. Tompkins, said in a letter to Rear Admiral William A. Buckendorf, "HM2 Laporte is a dedicated leader whose skills and reliability are far beyond that of a second class petty officer." He added that "[Laporte] is so far ahead of other second class petty officers, that he virtually has no peers."

During the month of June, Laporte acted as both division officer and leading petty officer for the Pharmacy when two senior staff members were on leave. In addition, he assumed full responsibility for the supply section, where he effectively managed the ordering of supplies and operated within budget constraints. Moreover, Laporte has been appointed as the disaster preparedness plan coordinator for the clinic and has rewritten the disaster preparedness instruction plan. "He has performed admirably in completing a massive rewrite of the disaster preparedness instruction," said Tompkins.

"[Laporte] is instrumental in getting the clinic's staff trained for a disaster response," said Lieutenant Commander Marianne Thompson, Ancillary Services department head, who with Laporte, represents the clinic on both the Santa Clara County Multiple Casualty Incidence Committee and the Victim Care Committee.

According to Pharmacy Department Head Lieutenant Brian Kerr, Laporte has high standards. He said that "junior people look up to him and strive to reach those standards."

Laporte stated that serving as a line captain in the Pharmacy is very rewarding. He said that "...being able to train and develop [his] subordinates into outstanding pharmacy technicians" is what he enjoys most about his position.

He attributes his success in the Navy to "a lot of hard work, perseverance and never giving up when things get tough -- always look at things optimistically."



**HM2 Daniel A. Laporte is presented his award by NHO Commanding Officer RADM William A. Buckendorf. (Official U.S. Navy photo by JOSA Kyna S. Kirkpatrick)**

## Naval Hospital Oakland Spotlight



### Money donated to NHO by family of serviceman

NHO's Executive Officer, CAPT Noel Hyde, smiles as he's handed a check by Mrs. William Simpson, widow of Navy CDR Bill Simpson (retired). Simpson, who was treated by NHO oncologists for esophageal cancer, died recently, and his family donated \$1500.00 to the hospital toward purchase of an extra long bed. It seems the commander was very tall, and since he couldn't comfortably fit any bed on the wards, the family wanted to make things easier for future "tall" patients. Placed over the bed will be a plaque reading: "In memory of CDR Bill Simpson, USN, 'a tall man.'" Shown in the photograph are, from left, (front row), CDR Paul Garst, MC; CAPT Noel Hyde, MSC; Mrs. William Simpson and LCDR Martin Edelman, MC; (back row), Kathy Matteson, Simpson's daughter, and a friend, Adolph Fibel. Also shown are the commander's grandchildren, David and Laura Matteson. (Official U.S. Navy photo by HM2 D.A. Lynn).



**LCDR Carol Bohn, NC  
Quality Improvement  
Coordinator**

### Quality Improvement Update



**PNCM Betty McClyman  
Asst. Quality Improvement  
Coordinator**

Like most federal agencies across the nation, Naval Hospital Oakland (NHO) is moving toward implementation of a "quality leadership" approach to management. With the full personal endorsement commitment of the Chief of Naval Operations, the Total Quality Management (TQM) methodology of W. Edwards Deming is rapidly being adopted and tested throughout the Navy with substantial success.

Focused on planning and process, TQM (adopted by the Navy as Total Quality Leadership - TQL) seeks long-term goals as opposed to short-term gains.

It fosters total staff involvement in identification of opportunities for change and problem resolution.

TQM emphasizes the responsibility of senior management to provide leadership that supports workers, drives out fear and strives for ever-improving excellence in service to all customers -- both internal and external.

## Total Quality Leadership

### IS

A systematic way to improve products and services

A structured approach to identifying and solving problems

Long term

Conveyed by leader's and management's actions

Supported by statistical process control

Practiced by everyone

Customer-focused

Team-oriented

Constancy of purpose

Fact-based

Continuous improvement

Driven by top leadership

System-oriented

### IS NOT

A new program

"Fighting fires"

Short term

Conveyed by slogans

Driven by statistical quality control

Delegated to subordinates

Focused internally

Individual-oriented

Continually changing direction

Opinion-based

Just meeting specifications

"Bottom-up" initiative

Management by objective

In future columns, we will share with you NHO's progress to date with TQL's "cultural revolution," as well as future goals and plans to bring about this dramatic change in the way we do business. As critical members of the team, each and everyone of you will be approached by your leading petty officers, division officers, department heads and directors to become actively involved in this evolution.

As our customers, we make this commitment to you: prompt and courteous service, enthusiasm, positive reinforcement and total support for quality improvement efforts. We look forward to working with you during what we expect to be a most exciting and fun year as we forge a quality team with a passion for excellence.

Please call us at ext. 3-5265 or 6892 if we can assist, or if you just want to talk about TQM. We are located on the third floor of the hospital, the Quality Assessment Office.



# MSC-Chiefs soft

photos by Nicole A.



**NHO's commanding officer (center), Rear Admiral William A. Buckendorf, throws out the traditional "first pitch" during the "Medical Service Corps- Chief Petty Officers Challenge Softball Game."**

## **Editorial comments submitted by MSC officers:**

**LT James Jackson, MSC  
and ENS Paul Carlson, MSC**

**NHO** -- It was a warm and glorious afternoon in July when the Medical Service Corps (MSC) approached the softball field expecting a softball challenge. Instead, they witnessed an afternoon of slapstick comedy, starring those wonderfully inept Chiefs. Unable to catch or field even the slowest hit ball, and struggling to make contact at the plate, the Chiefs succumbed to the MSC Officers 26-15, in a game much more one-sided than the score would indicate.

Said losing pitcher, HMC Ernest Colgan, "I've never seen a more impressive offensive display in all my years; I am in awe of these young mustangs!" Yes, HMC Colgan, there is an Orville Redenbacher.

HMC Leo Rosario gushed, "it was inevitable; that MSC squad is awesome. I wasn't at the game because, as wellness coordinator, I couldn't bear to watch my brothers and sisters maimed in the brutal slaughter."

The MSC squad captain took the game in stride, saying: "We didn't hit on all cylinders, yet I still had to call off the big guns by the third inning!"

"There will be hell to pay," growled MACM Mario Del Rosario. "MSC Officers should be careful to avoid parking violations in the near future." After pondering this statement, the MACM went on, "and the Chief's starting team had better be damn careful too!"

The Chief's gave their game Most Valuable Player (MVP) Award to HMC Ronald Bishop -- who went 0-12, bought the wrong kind of beer and can generally be blamed for the loss.

The MSC's gave their game MVP Award to HMC Bishop, who went 0-12, bought the wrong kind of beer, and can generally be blamed for the loss.

Thanks to the Chiefs for their participation, their good sportsmanship and the fun time. We all look forward to next year's MSC-Chiefs Softball Challenge.



# all challenge

iguez



MCM Clifton Carter is at bat, while catcher LT Terry Priboth waits for an ISC-thrown strike.



ENS Mark Stevenson demonstrates what he calls: "My powerful swing!" as Chiefs' catcher QMC Christopher Ellwood waits for the strike. Stevenson is health care planner at San Francisco Medical Command (SFMC); Ellwood is SFMC's administrative chief.



CS Gary Chapman prepares to power the ball out of the park during the MSC-Chiefs Challenge. LT Terry Priboth is the catcher, and YN2 Keith Gleason, of Administrative Services at PSD, is the umpire. Chapman is administrative assistant for the director of Medical Services.



## Naval Hospital Oakland Manpower Department Up-Close

**Your job:** Leading chief petty officer of Military Personnel, assignment coordinator for all E-6 and below personnel reporting to the command.

**Marital status:** Married.

**Spouse:** Mila F. Scott.

**Hometown:** Clanton, Ala.

**Hobbies:** Racquetball, fishing and gardening.

**Likes:** People who aren't afraid to be honest.

**Dislikes:** Dishonesty.

**What is the most challenging part of your job:** Finding the right assignment for personnel so that it mutually benefits the person and the Navy.

**What is your immediate goal:** To survive the October 1991 Inspector General (IG) inspection.

**What is your long-term goal:** To totally renovate existing assignment processes and make this Military Personnel Division the best that it can be.

**If I could do it all over again, I'd:** Change nothing.

**I wish I could stop:** Smoking.

**I respect myself for:** Not being inflexible.

**Role models/heroes:** Everyday people who take on challenges and succeed.



HMC (AW) Derrick L. Scott

**Your job:** Track down and process all enlisted evaluations, E2 to E3 advancements and active-duty training reports for reservists.

**Marital status:** Single.

**Hometown:** Manila, P.I.

**Hobbies:** Reading, jogging and weight-lifting.

**Likes:** Nice and friendly people.

**Dislikes:** Rude and arrogant people.

**What is the most challenging part of your job:** Taking care of enlisted evaluations and advancement.

**What is your immediate goal:** To make second class petty officer.

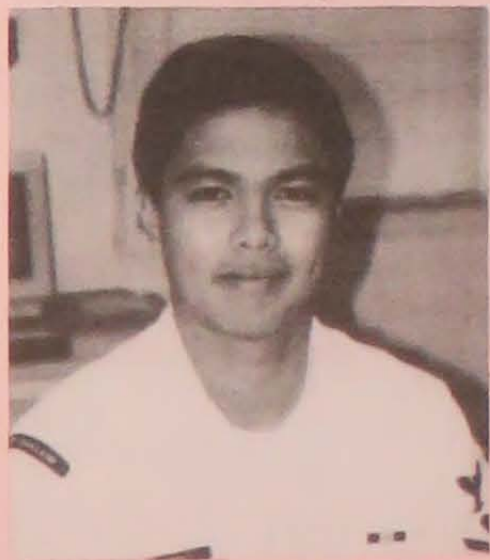
**What is your long-term goal:** To be an officer in the Civil Engineer Corps.

**If I could do it all over again, I'd:** Be a scientist.

**I wish I could stop:** The decay of moral values in society.

**I respect myself for:** Staying calm under stressful situations.

**Role models/heroes:** People who strive hard to be successful.



PN3 Wernher C. Heyres

**Your job:** Secretarial, typing, answering phones, filing and operating the leave desk.

**Marital status:** Married.

**Spouse:** Wilbur Dale Stewart.

**Children:** Roxanne, 4, Charlie, 6.

**Hometown:** San Francisco, Calif.

**Hobbies:** Outing or outdoor recreation.

**Likes:** Simplicity.

**Dislikes:** Snobiness.

**What is the most challenging part of your job:** Taking care of customers.

**What is your immediate goal:** To become one of the best crew members in Manpower. Manpower is the best.

**What is your long-term goal:** When my husband gets out of the Army, I'm looking forward to moving to Texas.

**If I could do it all over again, I'd:** Finish college and become an air pilot.

**I wish I could stop:** Drugs, because I don't want my kids to get involved when they are growing up.

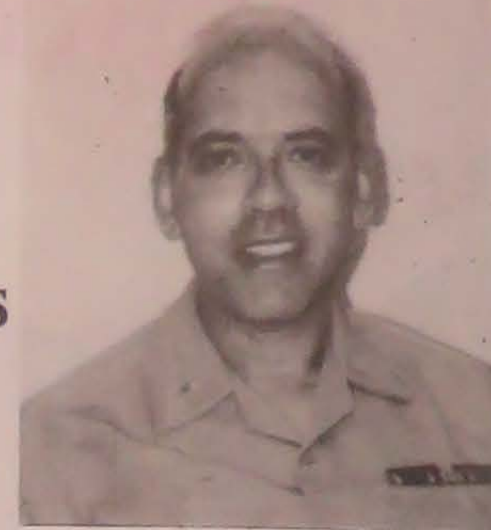
**I respect myself for:** Being me and having a nice, loving family.

**Role model/heroes:** Cher.



Arleen L. Stewart

## From the Chaplain's Office



LCDR Peter Nissen, CHC

## "Doing our best"

In the past couple of years I have done a lot of repairs on my house.

Last year I repaired a wall light switch and a screen door. This was a learning experience that kept me up to date on building maintenance.

I quickly discovered that many of the parts I needed, even nails, come in packages -- testifying to human nature's need for uniformity.

This is all right when dealing with commodities, but so often this attitude is carried over to our lives as a whole. Many times we follow blindly on without originality of thought, saying "things have always been this way."

This should not be! There are always new ways of doing things better, and each of us is capable of making outstanding contributions.

As expressed in *Ephesians 4:16*, God has made each of us differently so that we can share with each other openly. Our thoughts and ideas are valuable. They will enable us to accomplish our jobs with utmost efficiency -- allowing us to do the best that we can with what has been given to us.

This will create a lot of satisfaction for us as we discover our many talents. Excitement and fulfillment comes through new possibilities.

I remember a story that I heard in a sermon years ago:

I was told of a young man working in a shirt factory during the Summer between college years.

A bonus was offered to those with the greatest output. So he worked as quickly as he could; however, in his eagerness to produce more shirts, he destroyed a lot of cloth, and his boss reprimanded him for wasting 15% of the material.

The young man replied that in school, 85% was excellent. His boss retorted, "in school an 85% grade might be excellent, but in business, if I lose 15% of the material, I would soon be out of business...so work with greater care."

God has created us to use our minds so that we can continue to grow and develop new ways to do the job better.

This does not mean that we work harder, but rather that we work smarter!

Each of us has the potential to accomplish much in our lives as we use open communication, building each other up. Many outstanding results will happen for each of us, for Naval Hospital Oakland and for the future of our planet.



## Reserve anesthesiologist revives NHO Pain Clinic



Anesthesiology resident LT Joel Martinique prepares a patient for a "spinal" by applying betadine solution to his back. (Official U.S. Navy photo by Nicole A. Rodriguez)

By Nicole A. Rodriguez

NHO -- People with chronic pain now have a clinic specifically structured to treat their complex problems.

"We have a different perspective about pain and are very goal-oriented in looking for solutions," said Commander Frank Day, Medical Corps, USNR, who heads Naval Hospital Oakland's (NHO) Pain Clinic, and is currently in the process of upgrading the department.

Patients are referred to the Pain Clinic by their primary care physicians. The clinic is able to provide them with the extensive treatment they need, explained Day. "We don't fix everybody," but "we help a large percentage of patients who come to see us."

Day, a reservist who has a private practice at the Pain Relief Center in Walnut Creek, was recalled to active duty during Operation Desert Shield/Storm. After deactivation, he elected to remain on active duty to use his expertise and interest in pain treatment to improve the resident program and pain care at NHO.

"We've always had a pain clinic here," said Day, clarifying that Anesthesiology is the only specialty that requires training in the treatment of pain. "In fact," he added, "pain clinics are required by the American Board of Anesthesiology. They enable residents to gain valuable experience in treating chronic pain."

However, he explained that like many hospitals, NHO's

clinic was not running at its full potential. He said that many doctors don't realize what anesthesiologists can do, but as time passes, more and more departments are learning about the clinic and are utilizing it.

Until March of 1991, the clinic maintained a small area within the Recovery Room in Building 500, but as the patient load increased, they found themselves in need of a larger area. "We got very busy and it became clear that we needed our own space," said Day.

The clinic, now located on the fourth floor, is operated by a three-person team: Dr. Day, Lieutenant Joel Martinique, Medical Corps, a resident, and Lieutenant junior grade Renee Smith, Nurse Corps.

The larger space and the addition of a nurse, according to Day, has allowed the clinic to increase its patient load from five patients a week to ten a day.

"We basically treat any pain that is a problem for both patient and doctor," said Day, explaining that many of the clinic's patients have pains which have alluded diagnosis.

A pamphlet provided by the Pain Clinic states that most pain falls into five basic categories:

1) ordinary pain (cuts, bruises, etc); 2) sympathetic maintained pain (ordinary stimulus is painful); 3) central pain (stroke, tumor, etc); 4) psychological pain; 5) malingering, drug seeking or other "non-painful" pain complaints. By using local anesthetics to block nerve fibers, anesthesiologists are able to determine pain type.

## NHO forever alert to patient's needs

NHO -- As anyone who drives a car knows, parking ranks high on the list of problems haunting the 1990s. Naval Hospital Oakland is no stranger to the problem, but its staff is doing something about it. Among the remedial projects anticipated to relieve the situation are the following:

- \* A new parking lot at Building 75 is expected to be open by Summer 1991.
- \* Bus stop-type shelters are being installed at various points

between the front gate and Building 500 for the convenience of patients waiting to be picked up.

\* Two to three trailway cars are on purchase to provide shuttle service to and from the hospital. They will replace the 8-passenger van currently in use which is not accessible to handicapped patients. Beginning of the shuttle service is projected for Fall 1991.

Watch future issues of The Red Rover for updates.

## Chaplain training workshop held at NHO

NHO -- On Aug. 6-9, NHO Pastoral Care Services will host a professional training workshop for chaplains from 8 a.m. to 4:30 p.m. in Building 133, Education and Training Center.

The workshop will be conducted by Captain (Ret.) Loren Richter, Chaplain Corps, USNR, and is open to staff chap-

lains, retired, active duty and reserves from Naval Hospital Oakland and from other commands.

Richter is from St. Louis, Mo., and teaches similar workshops at naval commands throughout the United States.

Point of contact for further information is RP2 Delphine Jolivet, at 633-5561.

## OAK KNOLL NEWS



### Note on smoking

Cleanliness around the hospital is a major problem largely because of cigarette butts and trash not being disposed of properly. Cigarette ashtrays and trashcans are provided in all smoking areas and strategic locations throughout the hospital. Please use them.

### GME applications available

BUMEDNOTE 1520 and applications for the 1992 Graduate Medical Education Selection is available for Medical Corps personnel in the Medical Education Office. For additional information and processing of applications, please contact the Medical Education Office at ext. 3-8884.

### VHA recertification

PSD Oakland is currently undergoing a semi-annual verification of VHA entitlement. In order to continue receiving VHA, members must have an updated rental or mortgage agreement filed in their pay record. As stated in the VHA certificate, if the member moves to another apartment or if the lease agreement expires, he or she shall promptly submit a new lease agreement to Personnel/Disbursing. Failure to do so will result in the termination of this entitlement. POC for PSD disbursing is DKC(SW) Canlas ext. 3-6661.

### Leadership Development Program offered

Attention all interested personnel -- Navy Leadership Development Program (NLDP) will be offered to petty officers (E5-E6) on Aug. 5-9 and chief petty officers on Aug. 19-23 who have not had prior Leadership, Management and Education Training (LMET). For further information or seat assignment contact, NC1 Phagan at ext. 3-5873.

### It's PRT time again

The next Physical Readiness Test (PRT) will be held Sept. 9-13. Risk Factor Screening folders are required by all personnel attached to Naval Hospital Oakland (NHO), including those in a Temporary Assigned Duty (TAD), Temporary Duty (TEM DU), or Limited Duty (LIM DU) status greater than 20 weeks. Anyone unable to participate in the actual PRT due to physical limitations or medical exemption, should bring documentation to the screening site or be prepared to be examined by the primary care clinic at that time. This also includes those individuals TAD away from the hospital for less than a period of 20 weeks.

Any person who does not receive body fat measurements and does not fill out the Risk Factor Screening folder within the prescribed dates, will not be permitted to take the PRT, and will receive a "failure due to non-participation." For more information contact HM2 Reese at ext. 5141.



## Safety Corner

### Bike helmets save lives

**Robert C. Woodford**  
Head, Occupational Health and  
Safety



More than 1,000 Americans are killed in bicycle accidents each year, according to Safety Center of California officials.

As many as 75 percent of all bicycle-related deaths could be prevented if cyclists would wear helmets.

When buying a helmet, look for one that has been approved by the Snell Memorial Foundation or the American National Standards Institute.

The helmet should have a stiff and smooth outer shell, a thick impact-absorbing inner shell and an adjustable chin strap. It should be comfortable to wear. Children may not think they're cool; parents may think they're too expensive; but helmets save lives.

## Businesses give millions to USO education funds

**Washington, D.C.** -- The USO Desert Storm Education Fund will pay college or vocational school expenses of spouses and children of servicemembers who died while participating in Operations Desert Shield and Desert Storm.

USO President Chapman Cox said the offer has no strings attached except that potential recipients must be enrolled in a college, junior college or accredited vocational school. The fund will cover tuition, books, fees, room and board and other expenses regardless of applicant's family income, financial status or academic achievement.

The Anheuser-Busch Companies, Inc. started the August A. Busch Jr. Desert Storm Scholarship Fund in March with a \$1.2 million donation to USO. As word of the Busch program spread, other companies donated money to USO, which created another trust fund. The overall scholarship fund comprises the two trusts, and the principal may exceed \$3 million, Cox said; all money will be administered under the same guidelines.

After presenting his company's gift, August A. Busch III said, "the children and spouses of those who died in this conflict made the ultimate sacrifice for our country. It's only appropriate that we attempt to help them in return."

"We're going to identify eligible people, hire actuaries to give us statistics on inflation, investments, how much money is available and the amount available in the trust fund for each person to draw on," Cox said. The amount of each scholarship -- at least several thousand dollars -- depends on the number of eligible recipients, believed to be about 300 spouses and children, he remarked.

As of mid-May, 377 servicemembers had died in the Persian Gulf during Desert Shield and Desert Storm or after the cease-fire.

Some surviving children may be less than a year old, but that's no problem. Cox said money will be in the fund -- even 18 years from now -- so these children can draw on it when they get to college. If the fund grows over the years, future recipients could receive more money than those who take advantage of the program now.

Cox said people who think they're eligible for a scholarship are invited to contact USO for consideration by writing to:

USO Desert Storm Scholarship Fund  
USO World Headquarters  
601 Indiana Ave., N.W.  
Washington, D.C. 20004

The USO telephone number is 1-202-783-8121.

## Annual Navy Relief/CFC Fund Drive Golf Tournament

**Concord, CA** -- The 1991 Annual Navy Relief/CFC Fund Drive Golf Tournament will be held Wednesday, Aug. 14, at Diablo Creek Golf Course adjacent to the Naval Weapons Station on Port Chicago Highway in Concord. This tournament contributes to two worthy events -- the Navy Relief and the Combined Federal Campaign (CFC). The money raised by this tournament will be used to assist Navy military personnel and the CFC charities.

The tournament caters to golfers of all abilities and provides a fun time for everyone. The day's events will begin at 1 p.m., with a dinner to follow at 7 p.m. There will also be a raffle and prizes at dinner. Sign-up deadline is Aug. 7.

Please join us in making the fund drive a resounding success by inviting interested friends and neighbors to join us. For more information contact D.T. O'Donovan at (415) 246-5548, Karen 246-5552, Russ at 246-5393, or Wayne at 246-3210.

**Correction -- Oak Knoll Sports' point of contact is Ron Brown, Director, Special Services, at 633-6450. The telephone number was erroneously reported in last issue of Red Rover as 633-6014.**

## Naval Hospital Oakland June 1991 Awards

### Recognition for safe driving

(two years) : Theodios Flourmoy  
Melvin Tagata

(three years): Willie Chaney

(five years): William Adams  
Ralph Ruybal

(ten years): Erik Bone

### Civilian Awards

(10 years) : Patricia Jones  
Catherine Lawrence  
Michael Leone  
James Robles

(20 years): David Cola  
Jerry Ratti

(30 years): Bernita Sherrard-Henderson

(40 years): Ellis Harris

### Good Conduct:

(first): MS1 Cipriano  
HM3 Addo  
HM3 Foss  
HM3 Fritts  
DT3 Gulick  
SH3 Majuta  
HM3 Pitts  
SK3 Stephen  
HN Wiezorek

(second): GMM2 Decker  
HM2 Golden  
HM3 Owens

(third): HM1 Velasquez  
HM2 Canneto  
HM2 Idlett

(fourth) : MS1 Forelo  
HM1 Salanga

### Army Achievement Medal:

LCDR Waskey  
HM2 Gaylord

### Navy Achievement Medal:

(first): LCDR Osgood  
HMC Pantig  
HM1 Estrada  
HM1 Liwanag  
HM2 Dela Cruz  
HM2 Grant  
HM2 LaFontant  
HM2 Pfahl  
HM2 Radke  
HM2 Rimorin  
SH2 Sawicki  
HM2 Tritschler  
HM3 Contreras

### Navy Commendation Medal:

(first): LT Fowler

### Meritorious Service Medal:

(Second): CDR Westin



**1st Anniversary of USNS Mercy (T-AH 19)  
deployment to Operation Desert Shield/Storm**

**Bravo Zulu HM3 Jesus R. Cerritos  
July Sailor of the Month**

See page 7

## *Navy Dental Corps*

# Continuing a tradition of success

By Andree Marechal-Workman

**NHO** -- The Navy Dental Corps has come a long way since it was officially established by the 62nd Congress, on Aug. 22, 1912, but through the Desert Shield/Storm experience, it gained even more military prominence.

According to a historical account of Navy dentistry by Rear Admiral Richard G. Shaffer, Dental Corps, published in Navy Medicine in July/August 1987, one of the Corps' many challenges for the 1980s was "increased contingency training in combat casualty care for dental officers."

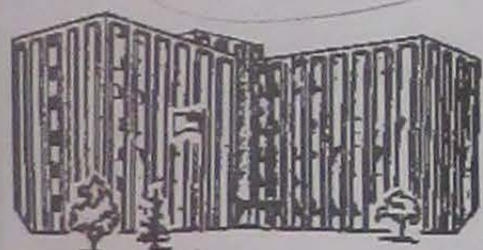
The head of the Periodontal Division at Naval Hospital Oakland's Dental Annex, Lieutenant Commander Frank Martinez, said that the challenge bore fruit during the recent deployment to the Persian Gulf because "every dentist deployed to FMF (Fleet Marine Force) units had been provided with ATLS (Advanced Trauma Life Support) and ACLS (Advanced Cardiac Life Support)," because "they were able not only to provide dental support, but also knew how to suture, how to give an IV, how to bandage a limb and because they proved to

be highly mobile."

This is not to say that Navy dentists weren't sent to combat zones before, clarified LCDR Martinez, stressing that many served gallantly in two world wars and during the Korean and Vietnam conflicts. RADM Shaffer agrees, stating: "During the Vietnam conflict, support was provided to Marine Corps units by the 1st, 3rd and 11th Dental Companies, along with detachments of the 15th Dental Company. This was the first time that the dental company organization, which has been implemented in 1957, was tested in combat and proved to be a highly effective combat element."

Although the Dental Corps was formally established in 1912, its history harks back to 1844, when Edward Maynard, a former West Point cadet-turned-dentist, because of a physical disability, spearheaded a campaign for the establishment of military dentistry.

According to the Dental Corps of the United States Navy Chronology published in 1962 (See Dental Corps centerfold)



The Navy's First Commissioned Hospital Ship

## The Red Rover



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Naval Hospital Oakland, California 94627-5000

August 16, 1991

### Naval Hospital retirement ceremony



Director of Nursing Services CAPT Maria Carroll (far left) addresses a standing-room only audience at Club Knoll during the retirement ceremonies of Nurse Corps CAPT June Riddell (third from left), CDR Randolph Bohn (second from right) and CDR Janet Peterson on July 31. Sitting is LCDR James Weadick, who later gave the invocation. Retiring after 28 years, Riddle is one of the few remaining Navy nurses who served aboard USS Repose, taking care of casualties at Denang during the Vietnam conflict. One of the first male nurses commissioned in the Navy, Bohn retired after 25 years. A Navy nurse for 21 years, Peterson is among the first Nurse Corps officers who became a health care administrator after going through the Army Baylor program in San Antonio, TX. The ceremonies climaxed with the Navy time-honored tradition of "piping" the retiring officers "ashore" through a line of side boys headed by Rear Admiral William A. Buckendorf (U.S. Navy photo by A. Marechal-Workman).

### Naval Hospital holds Disabled American Veterans food drive

**NHO** -- Moved by the plight of American veterans they witnessed during a visit to the Veteran Memorial Building in Oakland, JOSA Kyna Kirkpatrick and PNSN Marlon Condoll started a canned food drive at Naval Hospital Oakland.

"The veterans are disabled, some of their benefits from the armed forces have been reduced due to budget cuts," said PNSN Condoll, "and they need all the support we can give them."

Boxes have been placed throughout the command so that people can leave canned and non-perishable items for the shelter. They are located at various sites: In Building 500 on the second floor, next to the quarterdeck and the Emergency Room; on the third floor, next to the Chapel. Boxes can also be found at the Personnel Support Detachment, the Supply Department and the Bachelors Enlisted Quarters.

The drive continues through Sept. 30. Please be generous and help those who didn't shirk their duty when they were called to protect their country. They need our help NOW.

Call JOSA Kirkpatrick or YNSN Marlon Condoll.

### Clegg sends congratulations to Dental Corps officers

**Washington, D.C.** -- Chief Navy Dental Corps officer Rear Admiral M.C. Clegg extends his best wishes to all Dental Corps officers in celebration of the Corps' 79th anniversary this month.

"Your service during the last year has been extraordinary," said Clegg. "At sea and ashore, through war and natural disaster, you have met every challenge with perseverance, fortitude and total professionalism."

The heritage of the Navy Dental Corps is a proud one and their commitment to excellence is second to none. He said: "Each member of our Dental Corps family is fiercely devoted to total quality dental health care for our Marines and sailors around the world -- my heartfelt thanks for your unique support."

"The future years will present new demands and I am most confident we will be there to answer the call. Best wishes and God bless"



# Perspectives

## From the Command Master Chief

Below is an article received from the Naval Station Treasure Island Command Master Chief. Having observed the military bearing deficiencies listed, I am compelled to provide this information to you. I have watched several people stand by and observe this happening without intervention. Each of you should get on board and start correcting the situation that we helped create.

### Military bearing: What is a 4.0 Sailor?

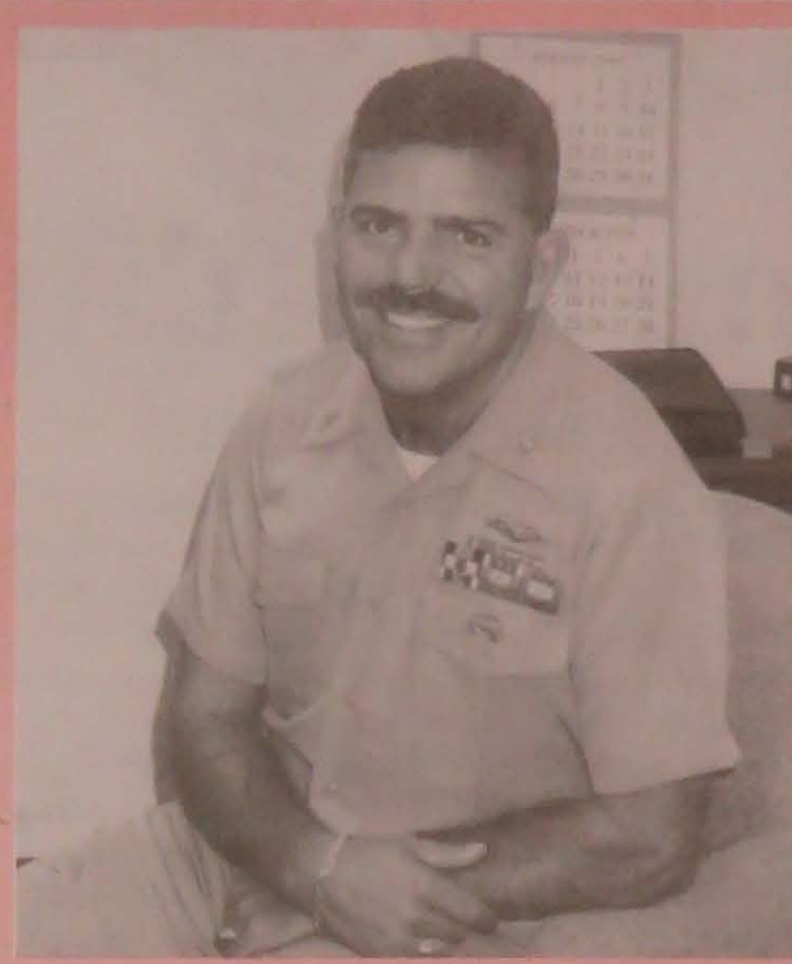
U.S. Navy Uniform Regulations state that grooming standards are based on several elements including neatness, cleanliness, safety, military image and appearance. The limits set forth are reasonable, enforceable and ensure that personal appearance contributes to a favorable military image.

The Navy Enlisted Performance Evaluation System (NAVMILPERCOMINST 1616.1A) lists the following specific aspects of performance for the military bearing trait that are meant to provide guidelines for performance appraisal.

- Personal appearance including grooming and physical fitness.
- Appearance and wearing of the uniform and military attire.
- Knowledge and practice of military courtesies.
- Manner in which the member presents himself or herself as a member of the Navy.

In order to be included in the 4.0/3.8 performance category, you must be considered "first rate" in all of these areas. The 3.6/3.4 performance category is "above expectations," with "satisfactory" coming in at the 3.2/3.0 performance area.

Here are some questions that may assist you in determining where you fit in the evaluation scale.



HMCM (SS) Thomas M. Grieb

- Do you ever walk around with your hands in your pocket?
- Is your windbreaker ever unzipped?
- Do you ever mix items of uniform and civilian attire?
- Do you ever wear a ball cap with other than the working uniform?
- Do you ever smoke while on the street in uniform?
- Is your cover ever cocked slightly back or to one side?
- Do you eat or drink while on the street in uniform?
- While wearing the Winter Blue uniform, do you remove your tie?
- Do you duck indoors to avoid morning or evening colors?
- Do you fail to render a proper salute when appropriate?
- Do you sneak out to your car uncovered to avoid inconvenience?
- Do you carry a non-regulation handbag?
- Do you wear your hair in a ponytail or pigtail?
- Is your haircut considered faddish? (without proper

taper)

- Do you ever wear an earring in or out of uniform?
- Do you wear a ball cap from your previous command while in the working uniform?

- Do you go from the barracks to the hospital uncovered? If the answer to any one of these questions is "yes," then you belong below the 3.0 category. Violations of uniform regulations, good grooming and military bearing practices are not acceptable, and preclude a mark in military bearing that would be considered "first rate" or "above expectations."

The discrepancies listed above are just a few that I have noticed recently around Northern California naval facilities. Right now is a wonderful time to be a member of the greatest armed forces in the world. We are enjoying the respect and admiration from the world that has been a long time coming. It is also a time when we must show pride in the uniform of our country and wear it correctly.

These violations of uniform regulations are not specific to any rank or rate. Officers, chief petty officers and enlisted, E-6 and below, are guilty. Those who consider themselves leaders are equally guilty by allowing these violations to continue unchecked. I have seen senior enlisted and officer personnel stand by and allow these violations to happen. We, as leaders in the military must, not only "set the example," but also hold those personnel accountable who are not members of the team.

If you are in doubt about a certain regulation, ask someone! If you are not sure about appropriate behavior, ask someone! Every person in the Navy has a leading chief, leading petty officer, division officer or command master chief. If the answer is not readily available, I'm sure that someone in the chain of command will be willing to look it up or tell you where to find it.

It is time for each and every member to "get on board." A great place to start is with peer pressure. Division officer to division officer, command master chief to command master chief, seaman to seaman, let your shipmates know when they are doing it the wrong way. They may even appreciate the constructive criticism. And last, but not least, don't be upset when shipmates point out a violation, they are only trying to help!

## Red Rover

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## When opportunity knocks...Don't hesitate

By Andre Khougaz

Patient Contact Representative, Surgery Clinic

French literature Nobel Prize winner Albert Camus wrote about a man who went to a mental institution. It seems that, one day, the novel's central character saw a woman drown in the River Seine. She drowned because he failed to rescue her. He panicked and froze. The unfortunate woman died, and Camus' protagonist eventually lost his mind because the unrelenting vision of the lady in distress wouldn't leave him.

According to Camus, the man wished the incident would happen again so he could have another chance. He went back to the scene of the drowning and pleaded for reoccurrence. "Please, lady," he repeated over and over, "fall in the river again so that I might save us both -- you from drowning, me from going insane."

This story is fictional, but the following one isn't. It made the headlines in 1982 when an airliner fell in the icy waters of the Potomac River, in Washington D.C., and only six passengers survived the crash. When a rescue rope was dropped from a helicopter, the first man it reached didn't grab the rope, but passed it to another person, and then to another, until he was too weak and frozen to get hold of it himself. He died but, unlike Camus' lost soul, he didn't hesitate and didn't miss the opportunity to put others ahead of himself and serve his fellow men and women.

Opportunity for service doesn't need to be so dramatic. Here at Naval Hospital Oakland (NHO), there are countless opportunities to serve. We often miss the chance when we are under the stress of work, or when there aren't enough hours in a day for us to do all that needs to be done. Yet NHO is the ideal place, with an abundance of opportunities from which to choose.

For example, if on a hot summer afternoon, we're rushing home, already in our car and we see a man carrying his teenage son to the parking lot because the son's leg is in a cast, what should we do? Drive on, or offer a ride?

If, in the hospital's hallway, we encounter patients who are confused and lost, should we ignore them, give them vague directions, or take the time to physically walk them to the correct destination?

If we see a child walking alone in the hallway, do we continue on because we're in a hurry? Or do we stop and make sure that the child is reunited with the adult who was accompanying him/her?

If a patient complains to us about something that happened in another department, do we brush off the complaint because we're busy? Or do we take the time to call the patient contact representative of the department in question for help?

If we place these hypothetical situations in the context of Camus' novel or of the plane crash, it would seem that the last option to these questions would be the right one if we do not want to miss the opportunity to serve. It is for us to choose whether we want to emulate the lost soul in the former, or the hero of the latter.



## Quality Improvement Update



LCDR Carol Bohn



PNCM Betty McClyman

There are many definitions of Total Quality Management (TQM), also known as Total Quality Leadership (TQL). Here is one from the Department of the Navy 1990:

TQM/L is the application of quantitative methods and people to assess and improve:

- \*Materials and services supplied to the organization.
- \*All significant processes within the organization.
- \*Meeting the needs of the customer, now and in the future.

All definitions of Quality Management

stress continually using all employees as a source of ideas to improve processes, services and products.

There are a wide variety of names for Quality Management:

- \*Total Quality Management (TQM)
- \*Total Quality Leadership (TQL)
- \*Total Quality Control (TQC)
- \*Company-Wide Quality Control (CWQC)
- \*Quality Improvement Process (QIP)
- \*Statistical Quality Control (SQC)
- \*Zero Defects (ZD)

Basic Concepts of TQL include:

- \*Meeting customer requirements is of prime importance.
- \*Achieving continuous improvement is the goal.
- \*Decisions supported with data.
- \*Quality is managed.
- \*Processes, not people, are the root of quality problems.
- \*Quality is the product of prevention, not inspection.
- \*Quality is a top management responsibility.
- \*Seeking quality before profits.
- \*Communication throughout the organization is with a "common language" based on facts and statistical data.

TQM premises:

- \*People want to do their jobs well.
- \*The person doing a job is likely to be most knowledgeable about the best way to do it.
- \*Every person wants to feel like a valued contributor.
- \*Improving quality leads to higher productivity.
- \*More can be accomplished by working in teams than as individuals.
- \*Adversarial relationships between groups is counter-productive and outmoded.
- \*A structured problem-solving process using graphical techniques produces better solutions than an unstructured process.
- \*Quality improvement is everybody's job.
- \*Innovation at all levels is the lifeblood of an organization.
- \*What is "acceptable" is always "changing".

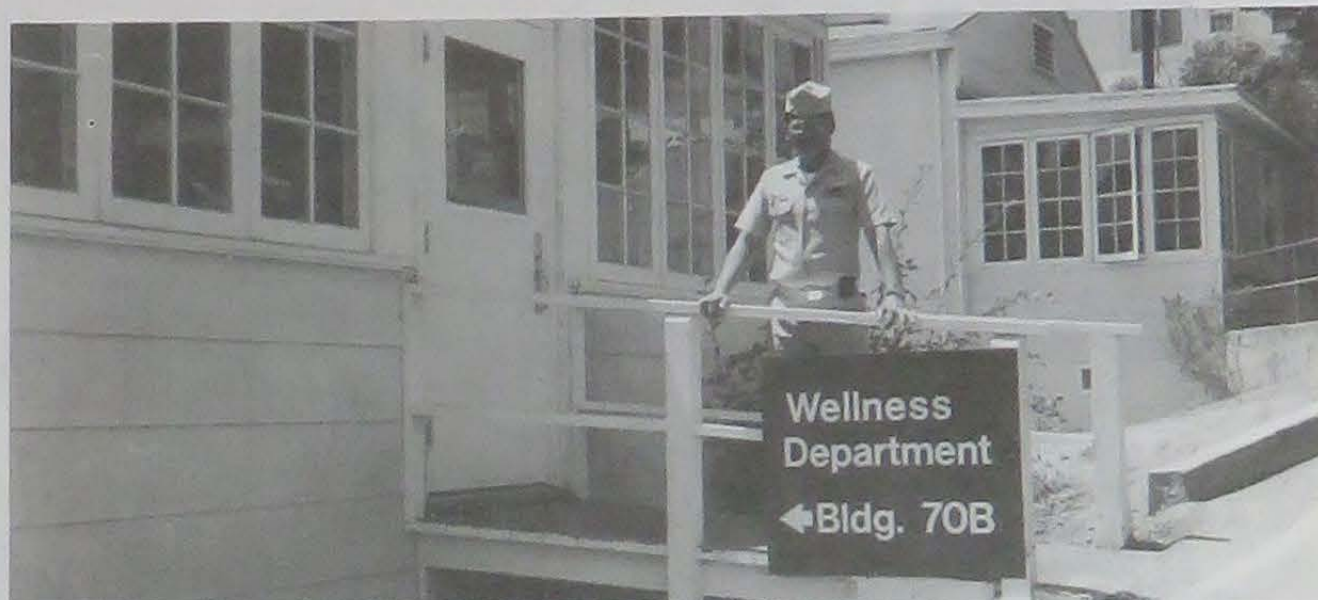
During the time frame Aug. 6-16, 30 quality improvement facilitators and team leaders are going through training at NHO to assist all departments in applying the principles of TQL to process improvement.

If you don't know about TQL, we encourage you to become acquainted with the multiple references available in the Medical Library or just drop by the Quality Improvement Office, third deck, Building 500, if you want to talk about it.

## Red Rover

# "Wellness" of Naval Hospital improves with new department

By JOSA Kyna S. Kirkpatrick



HMCN (SW) Leo F. Rosario, wellness coordinator, stands outside the building where the new Wellness Department is located. (Official U.S. Navy photo by JOSA Kyna S. Kirkpatrick)

NHO -- Here at Naval Hospital Oakland (NHO), there has been a 'special' addition to the command -- the Wellness Department. Its mission is to encourage people to practice healthy living, thereby reducing their opportunity to become ill through their lifestyle.

Captain Robert L. Brawley, assistant director of Occupational Health/Preventive Medicine and joint coordinator for the Wellness Department, stated, "whether this is related to smoking, drinking or driving fast, through proper program management, we can teach people how to live more properly."

The idea for the Wellness Department was started in December 1990 when CAPT Brawley and HMCN Leo F. Rosario realized that SECNAV Instruction 6100.5 calls for a wellness program at our command.

CAPT Brawley, along with Wellness Coordinator HMCN Rosario, CAPT John Rowe, director of Community Services, and former Commanding Officer Rear Admiral David Lichtman, were the people who started the program.

"We started with what we thought was a superb quality program that we wanted to design from the ground up," commented Brawley.

This began with the request for appropriate staffing, office space and computers -- the equipment required to create the program.

Brawley said that HMCN Rosario did 95 percent of the leg work. He was responsible for getting things going, starting with position descriptions for the civilian employees, evaluation elements and getting temporary staff from Military Manpower.

"We wanted to employ a couple of civilians, a clerk and an occupational health nurse, called the Wellness Nurse," added Brawley. There is also a military staff of about six people headed by HMCN Rosario.

"In addition to these key people, we would also like to have a preventive medicine physician who is [currently in] training at the University of California, Berkeley, Lieutenant Commander Richard Burton. He works with the Wellness Department a few days a week as part of his residency program in the School of Public Health," said Brawley. He added that Burton is a preventive medicine resident, but is augmenting the staff in the Wellness Department because of his high interest in wellness programs. In addition,

Burton, who is also a flight surgeon, set up smoke cessation programs throughout a number of flight squadrons.

According to Brawley, the following goals help maintain the mission and success of the Wellness Department:

-Increased productivity through alertness and stamina; increased retention through improved availability; fewer unplanned losses because of fewer accidents; decreased absenteeism due to fewer sick calls; higher morale and pride in their jobs, the Navy, and themselves; sharper-looking commands thanks to sailors' improved fitness and self-esteem; reduced health care costs that save dollars for operational use; positive attitude toward the Navy, the community we serve and the health and well-being of each individual.

Brawley explained that they used the Total Quality Management-Total Quality Leadership philosophy when spelling out the department's mission -- a mission that reduces the patient load by preventing customers of the Naval Medical Department from becoming sick.

"This is our short-term goal," Brawley said. "In terms of the long-term goals, we are looking at reduced cardiovascular risk, high-blood pressure, as well as heart attacks and strokes." As an example, he stated that the Navy's young people have 30 or more years before they fall into a risk group. So, with the short-term goals, the command can get people to participate in better living. In the long-run, this will keep them from becoming risks later in their lives.

"We have a number of programs to help us maintain our mission. Among these are: smoking cessation, physical readiness and immunizations. To help us assess the command's health, we have adapted the U.S. Army Health Risk Appraisal," Brawley said.

The Wellness Department will incorporate this program into the check-in process for new staff members and will give the Health Risk Appraisal to specific departments.

"This program will provide feedback not only to the department but to the commanding officer," said Brawley.

The Wellness Department is a welcome addition to NHO. Accomplishment of its mission will be beneficial to all involved...the individual Navy member, the command and, ultimately, the U.S. Navy and the Department of Defense.



# Dental Corps (continued front page)

Photos by Andree Marechal-Workman



LT (Dr.) Richard Campbell, DC (left), resident general practitioner, sets up a denture with DT3 Robert J. Holt.

by the Bureau of Medicine and Surgery (BUMED), Maynard's efforts were rewarded when, in 1873, Dr. Thomas A. Walton, a graduate of Baltimore College of Dentistry, became the first dentist to serve as a naval officer. He was appointed "...acting assistant surgeon, as a volunteer officer, to serve in the Medical Department of the United States Naval Academy."

It wasn't until 1945, however, that the Dental Corps became fully autonomous, when Congress approved Public Law 79-284 on Dec. 28. The law was implemented, in June 1946, by ALNAV (All Navy) 343 -- a milestone which, in April 1973 in a letter to an Oak Knoll dental officer, RADMJ. P. Arthur said "[charted] a course for the Dental Corps which places it in its singular managerial position today." RADMArthur was, then, BUMED's assistant chief for Dentistry and chief, Dental Division.

There have been many "firsts" recorded in the annals of the Dental Corps.

\* On March 5, 1913, Dr. H. E. Harvey reported aboard the *USS Solace* -- the first dentist to serve aboard ship.

\* On April 23, 1913, Drs. William Donally, Vines Turner and George Kussel were the first officers appointed to the Navy Dental Reserve Corps.

\* On Aug. 4, 1913, Acting Assistant Dental Surgeon Lucien C. Williams, the first naval dentist ordered to Marine duty, reported to Parris Island, SC.

\* On June 6, 1918, Lieutenant Junior Grade Weeden E. Osborne, the first naval officer to die during WWI, was awarded The Medal of Honor.

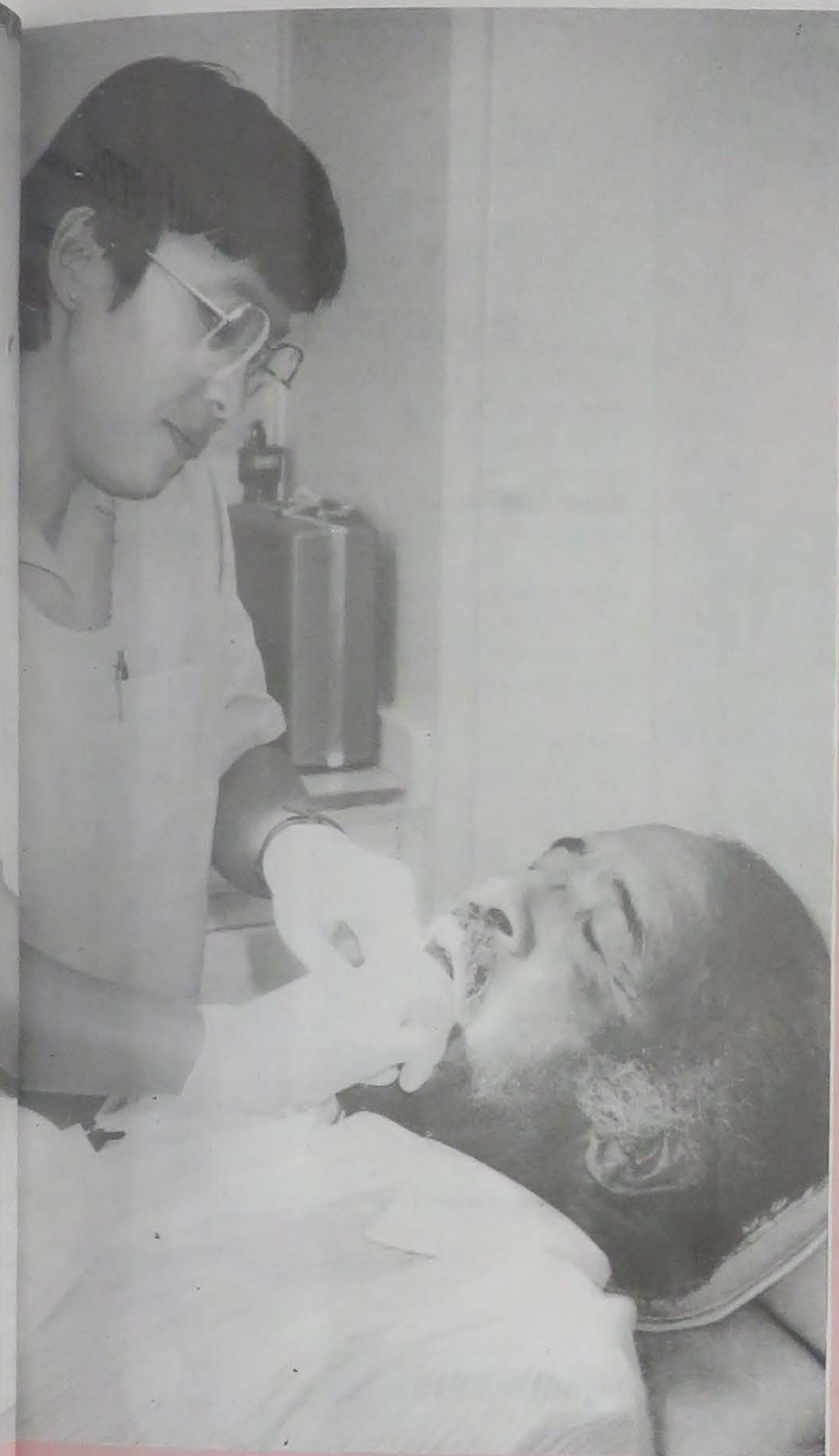
But it was not until 1944 that the first woman was appointed to the Dental Corps -- Lieutenant (later Commander) Sara G. Krout, who retained her commission in the Naval Reserve until her retirement on Dec. 1, 1961.

Since then, in step with the accelerated developments reported by RADM Shaffer, the number of female Dental Corps officers had grown to 172 by July 31, 1991, according to Lieutenant Rob Newell, BUMED's deputy Public Affairs officer. Comparing this figure to the 1600 reported by LT Newell as the total number of officers as of that same July date, the rate of female Navy dentists has grown by 10.75%.

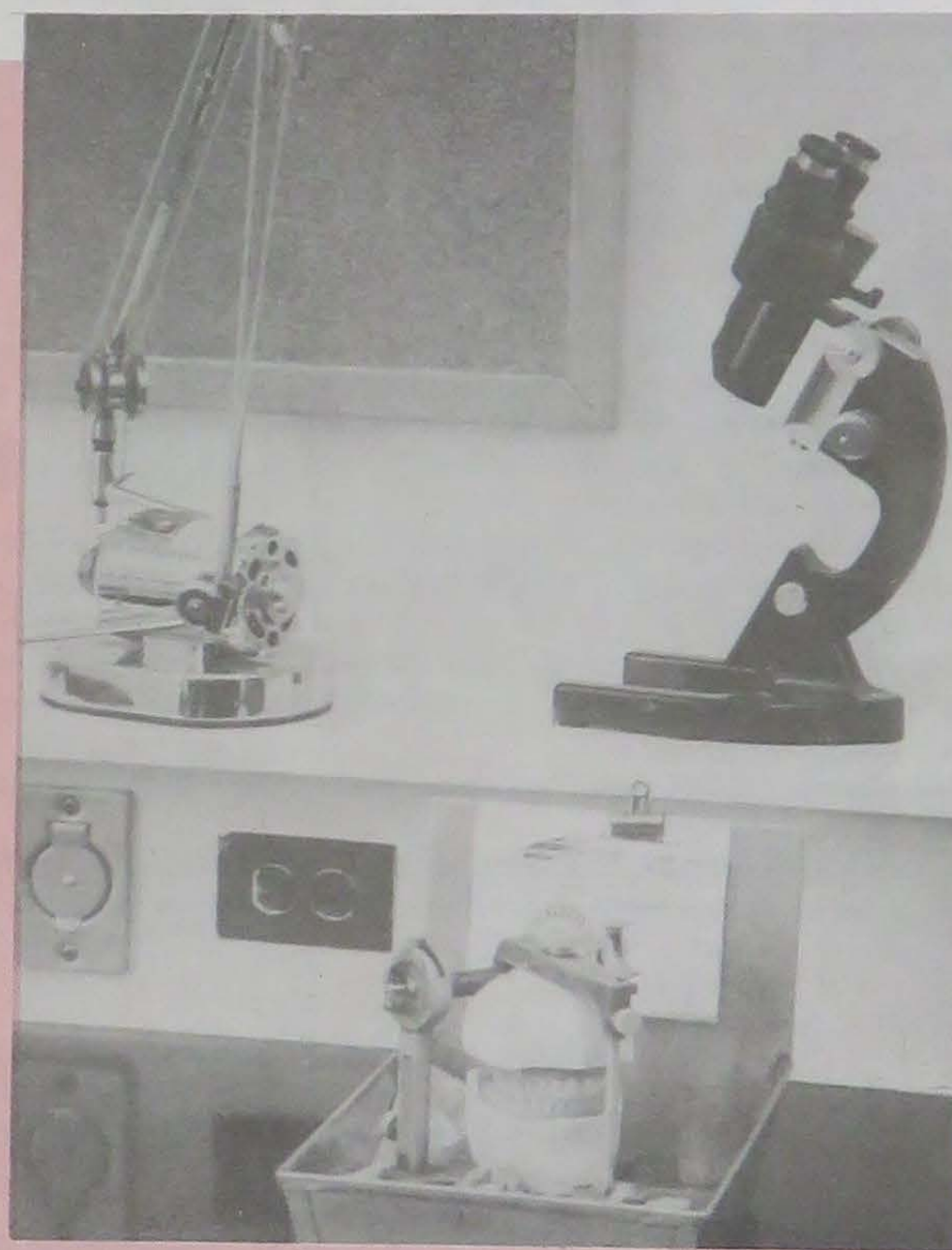
In the 79 years since it was founded, the Navy Dental Corps has gained stature as well as numbers. Its members can be proud of their heritage and can look forward with optimism toward the future. Afloat or ashore, they have fulfilled Navy dentistry's primary mission -- supporting combat forces while continuing to meet their peacetime mission of providing quality care to Navy beneficiaries and to the families of all deployed active-duty personnel.

LT (Dr.) N  
is one of th

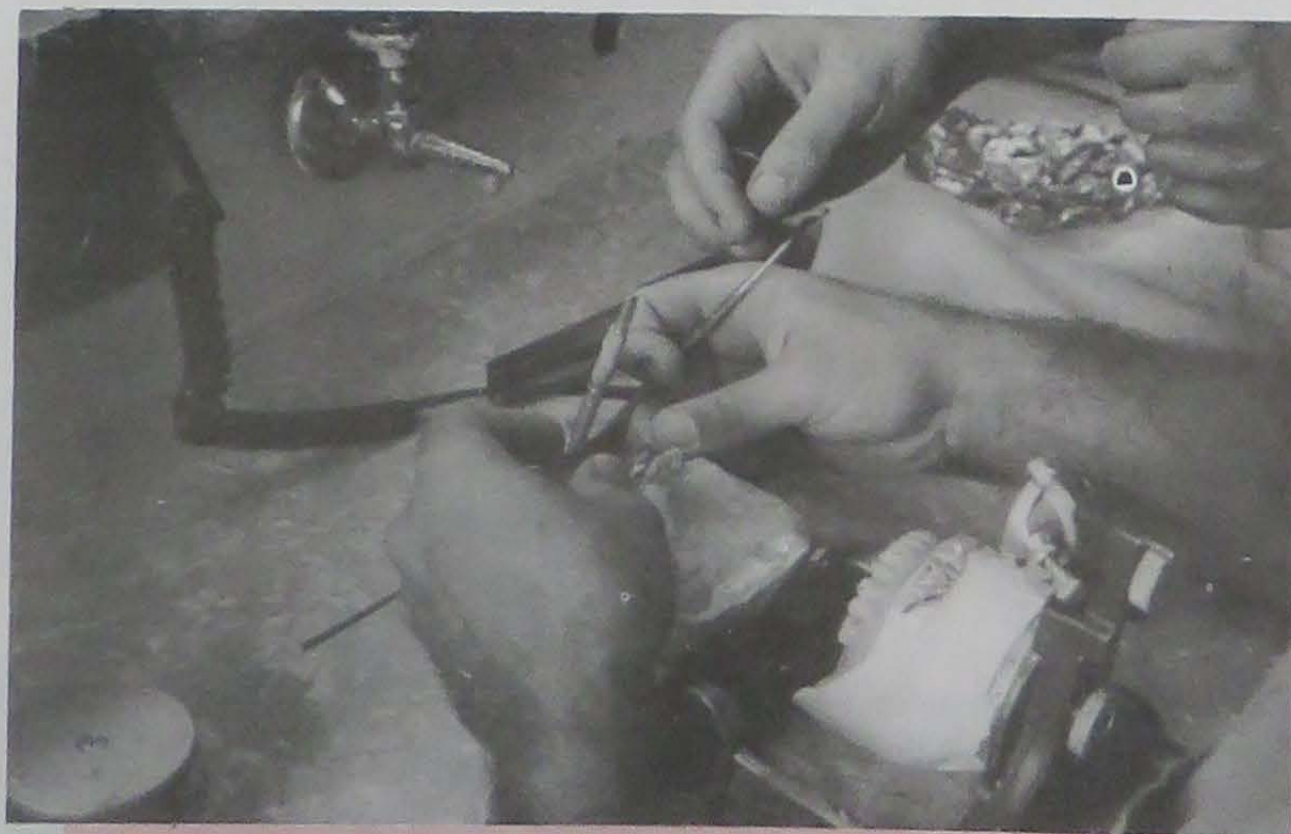




Ng Tran, DC, fits a partial plate on Benjamin Wright, a Navy retiree. Dr. Tran  
 men dentists who are part of today's Navy Dental Corps.



Tools of the trade.



Busy hands work to construct a plate for a patient.



## Naval Hospital Oakland Supply Department Up-Close

**Your job:** As customer service officer, I resolve problems, misunderstandings and frustrations of our customers. I also assist the material department in heading and supervising the warehouse, stock control, central processing distribution and technical review operations. I am also senior enlisted coordinator for logistics.

**Marital status:** Married.

**Spouse:** Rebecca.

**Children and ages:** Suzanne, 22; Rick Jr., 20; Christopher, 7.

**Hometown:** San Diego, CA (Bristol, RI, prior to service.)

**Hobbies:** Audiophile, computers and gourmet cooking.

**Likes:** Satisfied customers and watching my troops make rank.

**Dislikes:** Politics in the workplace and hypocrites.

**What is the most challenging part of your job:** Getting everyone working towards a common goal, regrouping from the Mercy deployment and working with the frustrations of the Medical Inventory Control System (MCIS).

**What is your immediate goal:** Training supply petty officers and improving supply services for all customers.

**What is your long-term goal:** Retirement and working toward my degree.

**If I could do it all over again, I'd:** Have made better use of my off duty time in getting a master's degree.

**I wish I could stop:** Expecting too much from others.

**I respect myself for:** Positive mental outlooks, the strong relationship of my family and strong religion.

**Role models/heroes:** Jesus, my dad, my maternal grandmother and all the people who helped mold my career.

**Special comment:** Two philosophies: "If you look for the evil in men you will surely find it, but if you look for the good..." and "You get what you inspect not expect."



SKCM (SW) Richard B.  
Spaulding

**Your job:** I work in the issuing section of the Supply Department. I pull items off the shelf, do the Quality Assurance orders, make sure customers receive all items, package order and distribute them to main hospital and branch medical clinics.

**Marital status:** Single.

**Children and ages:** Brandon Louis, 18 months.

**Hometown:** San Diego, CA.

**Hobbies:** Walking and singing.

**Likes:** Travel and reading.

**Dislikes:** People with bad attitudes and those who don't want to work.

**What is the most challenging part of your job:** Satisfying customers, constantly training personnel and putting out 60 orders when the computers are down.

**What is your immediate goal:** Getting my bachelor's degree in elementary education and advancing to the highest rank possible.

**What is your long-term goal:** To become a first grade teacher, make sure my son has a good life and raise him to be a good person.

**If I could do it all over again, I'd:** Continue straight through college without stopping.

**I wish I could stop:** Procrastinating.

**I respect myself for:** Being a strong, caring, stable, confident and loving person.

**Role models/heroes:** My parents because they gave me good values, love to last a lifetime and belief in God and my country.

**Special comment:** I want to strive for the highest mark in life, academically, professionally, spiritually and personally.



SK3 Joretha L. Cloud

**Your job:** I serve as shipment clerk and handle Impress Funds for this command, as well as for all the branch clinics.

**Marital status:** Engaged.

**Hometown:** Hayward, CA.

**Hobbies:** Traveling.

**Likes:** Movies and shopping.

**Dislikes:** Rude and lazy people.

**What is the most challenging part of your job:** To be able to maintain a good, reasonable amount for any Cash On Delivery (COD) at anytime and anyway.

**What is your immediate goal:** Working and waiting for my next promotion.

**What is your long-term goal:** Establish my own business.

**If I could do it all over again, I'd:** Stayed in college and received my degree.

**I wish I could stop:** Nagging my fiancé, (Mark).

**I respect myself for:** My sense of responsibility and honesty.



Loretta M. Jimenez

## Naval Hospital awards for July

Retirement Certificate:

(19 years)

Elaine Peterson

Sailor of the Month:

HM3 Jesus Cerritos

Good Conduct:

(first)

HM2 Brent Boulter  
SH3 Suny Fontile  
HM3 Kevin Larsen  
HM3 Thomas Tran  
HM3 Veronica Wetzel  
AWAN James Cook

(second)

HM2 Daryl Loan  
HM3 Melvin Cable

(third)

HMC Fernando  
Pimentel  
HMC Eric Sisson  
HMC Dawin Tabligan

Navy Achievement Medal:

(first)

LT Anthony Jackson  
ENS Christine Hite  
HM3 John Krajnovich  
HM3 Micah Palm

(second)

ENS Nancy Franze  
HM1 Myrna Catubay  
PN1 Alfredo Pineda

Navy Commendation Medal:

(first)

HM2 Daniel Hurst

Joint Service Commendation Medal:

(first)

YN1 Kathleen  
Fescenmeyer

## Morale, Welfare and Recreation

Central Pacific Sports Conference

The events listed below will take place as follows:

\* Rifle championships -- are scheduled for Sept. 7 at the Marine Corps Rifle Range, Mare Island Naval Shipyard, Vallejo, Calif.

Only one team entry from each command is authorized, and individual/team entries and berthing requests should be submitted no later than Aug. 30.

\* A singles horseshoes competition will be hosted by Mare Island Shipyard Sept. 21, at 10 a.m.

Each command is authorized four entries. Berthing requests must be forwarded no later than Sept. 13. The tournament will be conducted at the Vallejo City Park Horseshoe Courts located at Sacramento and Alabama Streets, directly opposite the Veterans Building. Participants are asked to register with the tournament director no later than 9:30 a.m. that day.

For more information regarding these events please contact Jim Gass, the Mare Island C.P.S.C. athletic director. His telephone number is (707) 646-3301/4289, or Autovon 251-3301/4289. You can also call NHO Special Services Director Ron Brown at 3-6014.



## July Sailor of the Month

By Nicole A. Rodriguez

NHO -- Motivation, dedication and self-direction are all characteristics which July's "Sailor of the Month," HM3 Jesus R. Cerritos, possesses. Since his return from the Gulf where he was attached to the 3rd Battalion, 11th Marines, 1st Marine Division, Cerritos has volunteered over 50 hours of his off-duty time to ensure that the command training plan for hospital corpsmen orientation, personnel advancement requirement classes (PAR) and follow-up courses continue to run uninterrupted.

According to Cerritos, his experience on the front line with the Marines during Operation Desert Storm made him realize "the importance of maintaining ongoing training in emergency/field medicine."

"HM3 Cerritos has a unique ability to focus on essential tasks and implement effective solutions," said Lieutenant Commander Robert J. Marine, Nurse Corps, in a letter to Command Master Chief Thomas M. Grieb. He added, "Cerritos' superlative work has advanced the mission of the command by allowing us to continue and improve the training essential for corpsmen."

Cerritos attributes his success in the Navy to the leadership from the senior enlisted personnel he has been assigned with and his ability to accept good and bad criticism.

Being selected as Sailor of the Month has given Cerritos a great deal of satisfaction. "This tells me that someone is always watching me and that good work and good performance are being appreciated," Cerritos said.

Honorary titles like Sailor of the Month make the lives of junior enlisted personnel a little better, because they know that hard work is recognized and appreciated, Cerritos added.



July Sailor of the Month, HM3 Jesus R. Cerritos, (right) is presented his award by Naval Hospital Oakland's executive officer CAPT Noel A. Hyde. (Official U.S. Navy photo by HM3 Kerry Barnett)

## For Your Health

### How much fat is too much?

By LTJG Lea Beilman, MSC



The amount of fat in your diet is just as important to your health as the type of fat. Less than 30 percent of our total calories should come from fats. Even poly- and monounsaturated fats, such as margarine and corn oil, should be limited.

Most Americans eat over 40 percent of their calories in fat each day. Cutting fat out of the American diet means eating less visible fat such as salad dressing and margarine. It also means limiting or avoiding those hidden sources of fat found in whole milk products, meats, processed and convenience foods.

To evaluate the fat content of packaged products refer to the information on the nutrition label. Determine the amount of calories that come from fat by multiplying the grams of fat in a serving by nine (there are nine calories in one gram of fat). Divide this number by total calories in the serving to get the percentage of calories coming from fat.

Here are a few examples:

Food Source	Calories	Grams Fat	% Fat
Cheddar cheese (1 oz)	114	9	71
Part-skim mozzarella (1 oz)	72	5	62.5
Apple (1 medium)	81	.5	1

The following are additional tips that will help you to choose a low fat diet:

- \* Trim all visible fat from meat and discard drippings that cook out of meats.
- \* Limit the amount of fats added to foods.
- \* Use the new "fat free" products available such as mayonnaise and salad dressing.
- \* Read labels carefully for fat content of foods.
- \* Substitute skim milk and low fat cheeses for whole milk products.
- \* Bake and broil rather than fry foods.

## OAK KNOLL NEWS



### Navy-wide exam special evaluation

Personnel eligible to participate in the September 1991 Navywide exam who do not have evaluations on their present paygrade (i.e., taking E-4 exam must have an evaluation as and E-3) are required to have a special evaluation to establish a performance mark average (PMA). The ending period for the evaluation is Aug. 31. A copy of this evaluation must be submitted to the Educational Services Office before the examination date. For more information, contact the Performance Evaluation Section at 3-6520/6521.

### ADP Security Note

In the last few days there have been several reported cases of the Computer Virus Stone B. The source of the virus has been traced back to floppy disks from the USNS Mercy (T-AH 19). If you believe that your system has been affected by the virus, contact the Management Information Department at 3-6167. It is very important that everyone who works on government computers take the following steps to avoid contamination.

- Avoid downloading public domain software from nongovernmental bulletin boards.
- Only load government-owned or command-approved software onto your computer and load from original software disks.
- Only allow authorized users on your computer system and question users you don't know.
- Restrict computer use to official government business. Games are a primary source of computer viruses.
- Keep your computer locked up when you go home and utilize passwords whenever possible.

Computer viruses can cause serious damage to your computer, as well as loss of data. If you think your computer is infected and you detect a virus, call the ADP Security Officer, LT N.A. Rogers at 3-4567.

### Testing at Navy Campus

The following tests will be administered at Navy Campus in October. These tests require a six-week advance sign-up, and a maximum of 15 active-duty military and reservists can participate. English CLEP (College Level Examination Program) with Essay - Oct. 9, and Graduate Record Examination (GRE) - Oct. 16, Graduate Management Admissions Test (GMAT) - Oct. 21. Reservations for these tests will be taken now through Sept. 6. Call Navy Campus at 395-5511/5512 to reserve a seat for any of these classes.



## What is your safety score?

### Safe habits are easy to learn

We all try to be safety conscious, but at times we find excuses for not acting safely, both on and off the job. This quick "quiz" can help you identify some common safety practices and may help you find areas that you can improve. Take a few minutes to find out your safety score. (Circle the answer that you think best describes your own practices.)

#### SAFE PRACTICES

I read labels before using chemicals:	usually	once in awhile	never
I use the right equipment, even when it takes longer:	usually	once in awhile	never
When I see a spill, I clean it up:	usually	once in awhile	never
When I start a new job, I ask questions to make sure I understand how to do it right:	usually	once in awhile	never
I come to work well-rested and awake:	usually	once in awhile	never
I post emergency police, medical and fire numbers where all can easily find them:	usually	once in awhile	never

#### SAFE CONDITIONS

When the proper safety equipment is not available, I let my supervisor know right away:	usually	once in awhile	never
I inspect the area and machines I'm responsible for:	usually	once in awhile	never
I make sure electrical cables and wires are in good condition:	usually	once in awhile	never
When I see a condition that might be dangerous, I take care of it myself or report it right away:	usually	once in awhile	never
I know the hazards of my job and I don't begin until I've taken all necessary precautions:	usually	once in awhile	never

#### SAFE ATTITUDES

I stay focused on the task at hand:	usually	once in awhile	never
When I'm angry, I take "time out" before going back to a possibly dangerous task:	usually	once in awhile	never
When I see a situation that might be dangerous, I report it:	usually	once in awhile	never
When I take a safety class, I ask questions and pay attention.	usually	once in awhile	never
When I know a co-worker is taking drugs or drinking, I let my supervisor know.	usually	once in awhile	never
I come to work in a good state of mind:	usually	once in awhile	never
I relax without alcohol or drugs:	usually	once in awhile	never

**Scoring:** Give yourself three points for each "usually," two points for each "once in awhile" and one point for each "never."

54 points: Excellent. Excellent attitude, habits and a bright, safe future.

48-53 points: Good. Select five areas for improvement and try to change your "once in awhile's" to "usually."

47-36 points: Lucky. You're lucky if you've never been in an accident. Work on changing your "once in awhile's" or "never's" to "usually."

Under 36 points: Time Bomb. You are an accident waiting to happen. Better start working on your five dangerous habits today.

## On this date...

### August 3

\* Congress authorizes surgeon general to employ women as nurses for Army hospital at a salary of \$12 per month plus one ration, 1861.

\* USS Nautilus, world's first atomic submarine, makes world's first voyage to North Pole under the polar icecap, 1958.

\* Christopher Columbus sets sail from Spain on voyage that discovers New World, 1492.

### August 4

\* U.S. Revenue Marine (later, U.S. Coast Guard) founded, 1790.

\* Friendship Day

### August 5

\* Abraham Lincoln signs first federal income tax into law, 1861.

### August 6

\* First atomic bomb dropped, Hiroshima, Japan, 1945

### August 7

\* George Washington creates Order of the Purple Heart, 1782.

\* U. S. War Department established, 1789.

\* Congress approves Gulf of Tonkin Resolution, expands involvement in Vietnam War, 1964.

### August 9

\* Second atomic bomb dropped, Nagasaki, Japan, 1945.

\* Jesse Owens wins his fourth gold medal at Berlin Olympics as U. S. places first in 400-meter relay, 1936.

### August 10

\* Congress charts Smithsonian Institution, 1846.

\* National Military Establishment renamed Department of Defense, 1949.

### August 11

\* Family Day

### August 13

\* Berlin Wall completed, 1961.

### August 14

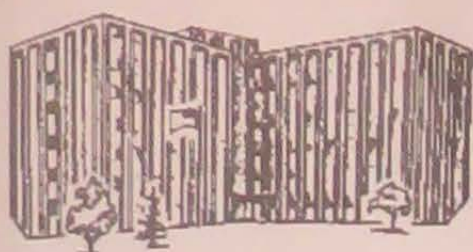
\* Congress passes Social Security Act, 1935.

\* President Harry S. Truman announces unconditional surrender of Japan, Panama Canal opens, 1914

### August 15

\* Final link in transcontinental railroad made at Strasburg, Colo., 1870.





The Navy's First Commissioned Hospital Ship

# The Red Rover



Volume 3-Number 11

Naval Hospital Oakland, California 94627-5000

September 6, 1991

## Naval Reserve Force

# Prouder than ever at 75

By Andree Marechal-Workman

As the Naval Reserve Force celebrated its 75th anniversary on Aug. 29, its members had more reason than ever to be proud of their accomplishments. This is especially true of the medical section which, during the Middle East crisis, represented a little over half of the entire mobilized force.

According to Captain Anne Gartner, out of the "almost 22,000 recalled reservists," a little over half were medical personnel who, she explained proudly, "established themselves as a very important adjunct of the military service."

CAPT Gartner ought to know. She was Naval Hospital Oakland's (NHO) director of Nursing Services (DNS) during the recall. She is still on board at the request of the executive officer, working on projects she initiated during her tenure as DNS, putting final touches to what the hospital administration feels are worthy organizational improvements.

"During Operation Desert Shield/Storm, the reservists brought a lot of innovation to the hospital," she said of the 532 recalled servicemembers attached to NHO. "Many came from civilian teaching hospital and university settings, and they were able to bring their talents and skills to NHO's operation. The spectrum of talents was spectacular."

Medical Service Corps CAPT Lynn Brechtel, who is NHO Reserve Unit 120's commanding officer, agrees with CAPT Gartner, stressing: "The productivity required by the civilian medical community was carried over to the military community. [The reservists] did a stellar job despite personal hardships."

They did so well, in fact, that at NHO alone, according to the assistant command Reserve Liaison, HMC Reuben Llagas, a great number of awards were presented: One Navy Commendation Medal, 53 Navy Achievement Medals, 88 Letters of Commendation and 63 Letters of Appreciation. In addition, he said that two corpsmen were selected for chief -- HM1 Kim Ross and HM1 Manuel Reyes.

According to the 1987 Encyclopedia Americana, the history of the Naval Reserve Force can be traced to the "citizen sailor" concept of the American Revolution when, in 1775, "a group of local citizens armed with swords, muskets, pitchforks and axes captured the British armed schooner, HMS Margaretta, off the coast of Maine -- setting up a pattern for similar action by other groups of volunteer naval militiamen."

It was not until March 3, 1915 that Congress enacted Public Law 271, incorporating all existing states' militias into one entity to constitute an official Naval Reserve Force. However, it was on Aug. 29, 1916 that the 64th Congress passed the naval appropriation act that created a viable volunteer reserve force -- a date seen by the secretary of the Navy of the time as a milestone in the entire history of the United States Navy and, by extension, the Naval Reserve Force.

"The naval appropriation act for the fiscal year 1917, approved on Aug. 29, 1916, stands out beyond all precedent in the entire history of the United States Navy," wrote the secretary in his 1916 report to the president. "... In addition to [a permanent Navy] force, provision is made for the



CAPT Anne Gartner (center) smiles as Oakland Council of Navy League Junior Nurse of the Year ENS Kenneth Dertmott (left) and Senior Nurse of the Year, LCDR Nancy Ericksen, hold the plaques presented to them by the League. CAPT Gartner was Director of Nursing Services during the Persian Gulf conflict. ENS Dertmott is now active duty stationed at Naval Hospital Lemoore; LCDR Ericksen is a reservist. (Official Navy photo by JO2 James Berry, USNR)



HM1 Mariann White displays the well-earned Navy Achievement Medal she was just presented by CAPT Lynn Brechtel, MSC, NHO Reserve Unit 120's commanding officer. (Official Navy photo by A. Marechal-Workman)



Assistant command Reserve Liaison HMC Reuben Llagas poses for the camera. (Official Navy photo by A. Marechal-Workman)

first time for an adequate naval reserve force, which may be utilized in time of national need."

In the ensuing decades, naval reservists distinguished themselves gallantly and heroically. Encyclopedia Americana reports: "During WWI, approximately 330,000 naval reservists, including 30,000 officers and 12,000 'yeomanettes,' or women reservists, served on active duty." "By the end of WWII," continued the entry, "the U.S. Navy had swelled to more than 3,800,000 members, three million of whom were reservists on active duty."

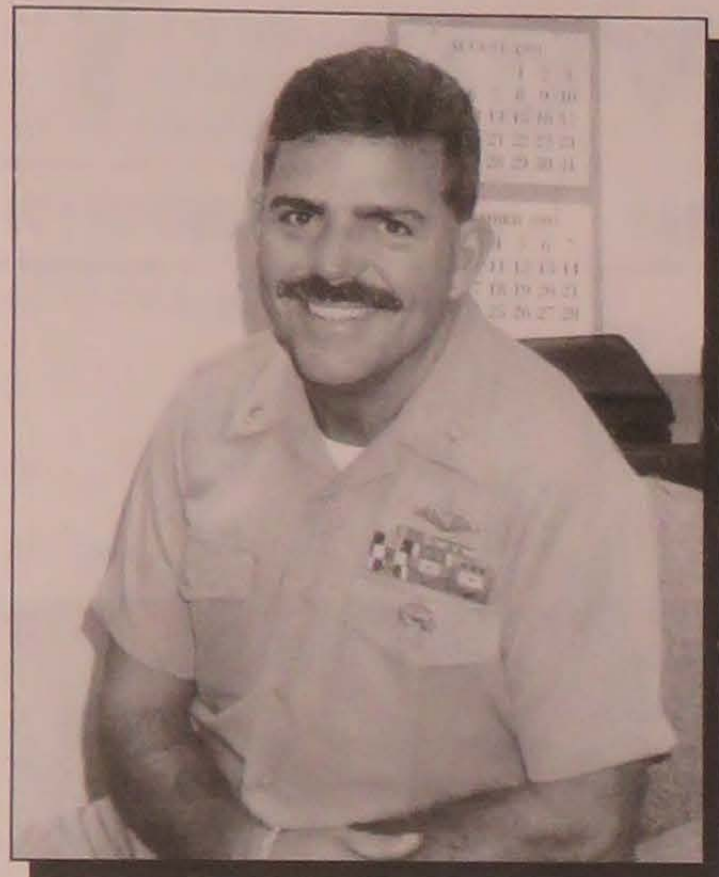
During the Korean War 30,000 served with the Navy, but political considerations and U.S. national strategy combined to limit the recall of naval reserve members during the Vietnam conflict. However, the Encyclopedia stresses, "one out of seven Navy personnel then in the active-duty force was a reservist."

And then, there was Operation Desert Shield/Storm, a chapter in the history of the Force that will not soon be forgotten -- a medical landmark which both CAPTs Gartner and Brechtel see as an opening, an avenue for strengthening even further the superior quality of Navy Medicine, transforming the basic mission of the naval reserve to augment the U.S. Navy in time of national need into one in which improvement through experienced personnel will spell out the future of the Naval Reserve Force.



# Perspectives

## From the Command Master Chief:



HMCM (SS) Thomas M. Grieb

### Effectively utilizing the chain-of-command

In the last issue of the *Red Rover* I pointed out several military bearing issues that I am concerned about. Now I want to talk about some other issues that concern not only me, but most everyone at this command.

As I have stated at all my Command Master Chief calls, I am a firm believer in the chain-of-command, both up it and down it.

Here at Naval Hospital Oakland, each of us is tasked with being responsible not only for him/herself but for each other as well.

I do not want any of you to feel like this is just another job where you come to work Monday through Friday, 7:45 a.m. -- 4:30 p.m., then go home and forget about what you did during the day.

I would like for each of you to be able to feel like you made a difference that day and take pride in what you did.

There is nothing like having a feeling of ownership in what we do here and what we stand for. This is your command, your work here is important. Your ideas, your thoughts and your input are essential in order for your command to function properly. Total Quality Leadership (TQL) is here NOW and it is here to stay.

**"...if you use your chain-of-command properly...your voice will be heard."**

I feel that by using TQL as it is meant to be used, we, as a team, will resolve those issues that concern those who feel they do not have a voice or that their ideas are not being heard.

Let me assure each of you, if you use your chain-of-command properly to voice your concerns, they will be heard. You may not always get the answer you wanted, but you will get an answer.

Another one of my concerns is that many of our staff personnel do not or did not know that there is a chief petty officer in their chain-of-command.

**"...our [chiefs] are there to support you in helping you resolve your issues."**

So with the help of our chief's community we have developed what we will call the senior enlisted coordinator (SEC). These people are not your senior enlisted advisors, but they are there to support you in helping you resolve your issues.

### Disabled Veterans need volunteers

OAKLAND, CA -- The Disabled American Veterans, Chapter Seven, needs volunteer drivers to transport disabled veterans to the Martinez Veterans Affairs Hospital. "We have a lot of sick people here," said Chapter Commander Sam Sites, explaining that the veterans are unable to receive treatment because they cannot get rides to the Martinez hospital.

Drivers are needed between the hours of 8 a.m. and 4 p.m. to transport veterans twice a day to the VA Hospital. Sites said that as an incentive, "driver's are given a voucher for a free breakfast at the hospital." He added that they are also given credits for community service.

Volunteers are required to be at least 25 years old, and must have a valid California driver's license. According to Sites, volunteers are not expected to drive everyday; however, some sort of a commitment is appreciated.

The Disabled American Veterans, Chapter Seven, is located at 200 Grand Avenue on the corner of Grand and Harris, in the Veteran's Memorial Building. Those interested in volunteering should contact Sam Sites between 10 a.m. and 2 p.m. at (415) 893-1666.

#### Correction

-- Part of the Aug. 14 mark in "On this date in August," reported on page 8 of Red Rover's Vol. 3, Number 10, is erroneous. The correct entries should have read:

- \* President Harry S. Truman announces unconditional surrender of Japan, ending World War II, 1945.
- \* Panama Canal opens, 1914.

They are meant as a single point of contact for each directorate, department head and division officer.

They are as follows:

Director for Administration  
MACM Del Rosario -- 36568

Special Assistants  
PNCM McClyman -- 36892

Director for Surgical Services  
DTCM McIntosh -- 35410

Director for Community Health Care  
HMCM (SW) Rosario -- 38852

Director for Logistics  
SKCM (SW) Spaulding -- 36438

Director for Medical Services  
HMCS (SW/AW) Chapman -- 35361

Director for Resources  
HMCS Trujillo -- 36522

Director for Ancillary Services  
HMC Coleman -- 35548

Director for Nursing Services  
HMC Gorman -- 35020

San Francisco Medical Command  
QMC Ellwood -- 34528

Director for Pastoral Care  
RPC (sel) (SW) Harsha -- 35961

These SECs are ready and willing to provide whatever assistance they can to help make our command run as smoothly as possible. We cannot do it ourselves, we need everyone to do their part in helping Naval Hospital Oakland be the best that it can be.



RADM William A. Buckendorf (left) hands a Certificate of Appreciation from President George Bush to CAPT Stephen Veach on the occasion of the captain's retirement. CAPT Veach was director for Medical Services and head of Internal Medicine before his retirement. He was also acting director for Clinical Services during Operation Desert Shield/Storm. (Official U.S. Navy photo by HM2 James K. Sandridge)

#### Red Rover

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**Executive Officer**  
Captain Noel A. Hyde

**Public Affairs Officer**  
Paul W. Savercool

**Assistant Public Affairs Officer**  
JO1 Kay Lorentz

**Editor**  
Andree Marechal-Workman

**Editorial Assistants**  
JO2 Stephen R. Brown  
JO2 Kyna S. Kirkpatrick  
Nicole A. Rodriguez



## Total Quality Improvement Update



LCDR Carol Bohn

The quality improvement movement at Naval Hospital Oakland and its Branch Medical Clinics is beginning to explode.

A total of 24 staff personnel completed six days of Total Quality Management (TQM) facilitator and team leader training Aug. 16, 1991.

The TQM courses were coordinated by Lieutenant Commander Carol Bohn, LCDR Robert Marine, Commander (Ret.) Randy Bohn and CDR Patrick McGregor.

After the class, many students had positive comments about the session. HMC Karen Delisle, patient contact coordinator, stated: "I found the TQM Awareness Seminar exciting. I have been in the Navy 22 years, and to see Deming's principles of process improvement for customer satisfaction growing in our environment from the top down is very gratifying. The tools I have come away with can only enhance the service I provide to our customers and assist me in my role as a process action team facilitator."

LCDR Peter Nissen, Chaplain, added "The Advanced Facilitator's Course affirmed a need that I must rethink my present and past paradigms (another word for my values, beliefs and perceptions). This is enabling me to see things differently. I am being made aware of new and easier ways to bring quality to the work place. The course stressed the potential all of us have to build in quality and productivity through shifting our paradigms." He continued: "These are exciting times for all of us as we become involved in this new philosophy to build in quality at every level meeting the needs of the customer, which will bring us all great satisfaction. Dr. Deming, the famous TQM expert, suggests that we must believe in quality as we once believed in progress."

Ned Cronin remarked: "I appreciate the opportunity to be in the facilitator training. I am committed to having my participation on the Pharmacy process action team a successful introduction to the Total Quality Leadership (TQL) process at this command."



The Quality Leadership Council meets with the facilitators to thank them for their enthusiastic efforts in support of this command's quality improvement initiative. Shown from left to right: (first row) LCDR Robert Marine, LCDR Anne Mulligan, HMC Karen Delisle, LTJG Beverly Hall, LT Carl Wamble, LT Diana Lee-Niermann, LCDR Marie Kelly, Ned Cronin, LCDR Peter Nissen; (second row) CDR Patrick McGregor, CAPT Robert Abbe (DCS), LCDR George Smith (acting DR), CAPT Thomas Dresser (acting DAS), CAPT Maria Carroll (DNS), HMC Nina Conner, CDR Ernie Ghent (acting DA), PNCM Betty McClyman, Fred Perea, Sydney Santos; (back row) CAPT John Rowe (DCH), ENS Paul Carlson, CDR Robert North, LCDR Richard Becker, LCDR Glenn McNeas, SM1 Ronald Darnell, HMI Lynn Meyers, LTJG Timothy Rossell, CDR Mark Westin (DL), LCDR Steve Egly, CAPT Herman Kibble (DPS) and LCDR Carol Bohn. Missing are: CDR Mary Ellen Quinn, HMCM Clifton Carter and ENS Rhonda Mosby. (Official U.S. Navy photo by HM2 Cindy Malone)

## YOUNTVILLE VETERANS NEED YOUR HELP

Former Marine and California Veterans Board member, Stephen J. Vecellio, launched "Operation Wheelchair," a project designed to provide wheelchairs for all disabled Yountville Veterans Home's residents who need them to regain their mobility.

The Home provides a limited number of wheelchairs funded by the California Department of Veterans Affairs and the Veterans Administration. A few are also purchased through Medicare/Medi-Cal, but the state has neither funds nor authority to purchase electric wheelchairs. The latter cost \$3,500 to \$8,000 while manual wheelchairs are priced at between \$700 to \$1500.

Yountville Home recently started a wheelchair fund drive, but so far donations have mainly been made by the residents, with little outside response. To quote an old veteran: "Soldiers have always had to help each other, nobody remembers an old soldier except on Memorial Day, and then only the ones who are dead!"

Hoping to change this deplorable situation, Vecellio has been knocking on doors to locate unused wheelchairs stored in attics or basements because their owners passed on. Those, as well as others that can be repaired at the Home shop, can help an old soldier regain his mobility if owners call "Operation Wheelchair" for pick up.

Pick up is generously provided by Dolphin Van & Storage in Seaside, CA, whose spokesperson, Chris Rutledge said: "We will be glad to pick up any wheelchair any place in California and see that it gets to the veterans at Yountville."

For donations, call the Yountville Veterans Home's Public Information Office at (707) 944-4541. Tax deductible checks made to "Wheelchair Fund Veterans Home" can be sent to the Home at Yountville, CA 94599.

Points of contact for wheelchair pick ups are Chris Rutledge at (408) 394-1491 or Steve Vecellio at (415) 791-0872.

The Yountville Veterans Home will be 108 years old this year. Please help celebrate this time-honored facility's birthday with a generous donation. According to the facility's Public Information, it is the leading veterans' home in the country, one which every Californian can point to with pride, not only for its function, but also for its beauty.

## DEBI SHORE, "MS. NAVY V.P."

By Nicole A. Rodriguez

Naval Hospital Oakland's Budget Analyst Debi Shore has just been appointed Navy vice president of military comptrollers for the Golden Gate Chapter of the American Society of Military Comptrollers (ASMC).

"I was an absentee electee," said Shore who was on leave during the election. She said that she didn't find out about her appointment until two weeks later when she walked into her office to find a banner across her wall which read: "Congratulations Ms. Navy V.P."

Shore, who currently works in Facilities Management, said she had a lot of people actively supporting her campaign for vice president. "A bunch of people in the Fiscal Department, where I used to work, made these [posters] and brought them over to the lunch room where they held the election," she said.

Shore's duties as vice president will consist of writing letters to ASMC members, distributing membership policies and recruiting new members. She will also coordinate ASMC meetings and stand in for the president in his absence.

The ASMC is a professional organization made up of both military and civil service accountants from all branches of the military. "We are just one of probably 300 chapters in the organization," said Shore, adding that the Golden Gate Chapter has approximately 400 members.





# WOMEN'S EQUALITY

Text by Nicole A. Rodriguez



DTCM Jeri McIntosh, assistant director of Surgical Services — "The sexual harassment has stopped. It's a whole new Navy. Now, women are deployed with the Marines. In the past, they could deploy, but only by air. I was the first woman to go with the FMF (Fleet Marine Force). There is no reason why women can't accompany men."



Lenore Brady, RN, charge nurse, Pediatric Clinic — "I have never been given the money that they deserve simply because nursing is a 'woman's job.' Although the roles have changed (today women are doctors and males are nurses), there is still quite a bit of discrimination."

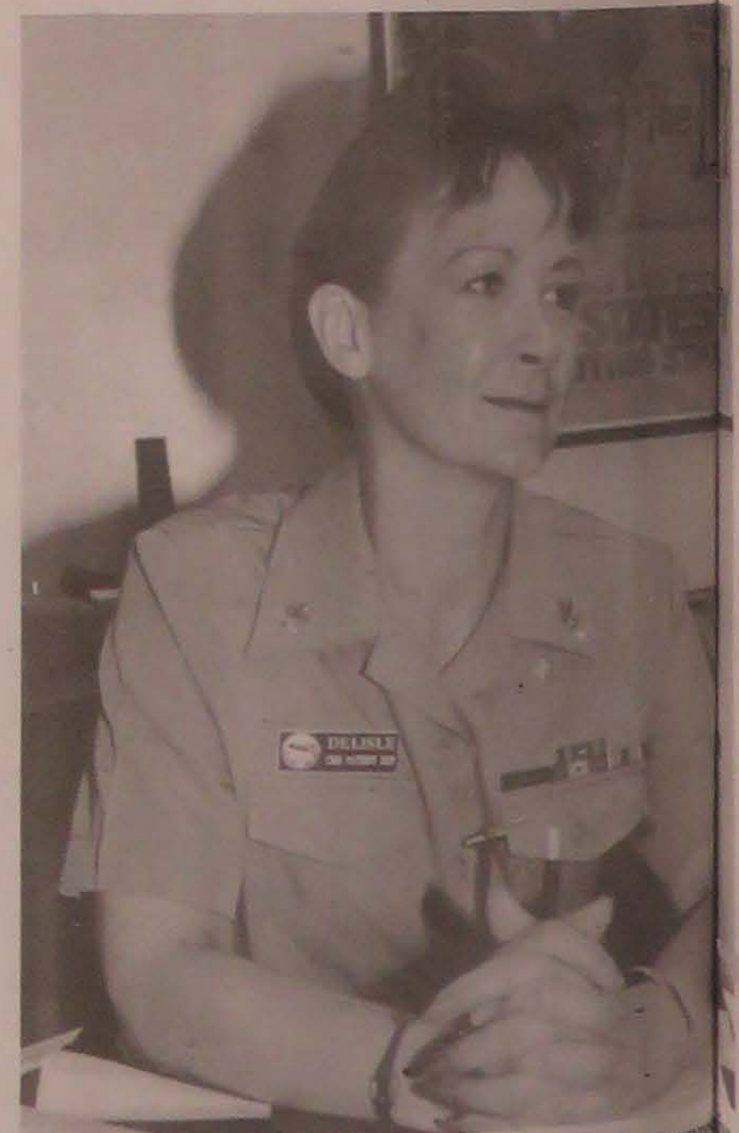
For the past 200 years, women have been fighting for equality. In the early 1900s, they fought for political rights, and through extensive lobbying, were able to persuade Congress to ratify the 19th Amendment to the Constitution, giving women the right to vote.

Today, military women are fighting for the right to serve their country in combat. Their participation in Operation Desert Shield/Storm has proven that women are quite capable of performing under the stress of war.

The Senate, influenced by the House of Representatives' Defense Authorization Bill for fiscal year 1991 that permits the services to assign women



HM3 Michele Freeland, Nursing Services — "Women have come a long way — we are more open and we have more authority. In the Navy, we are offered a lot more choices. I think that it's going to get even better. Women should have the choice if they want to go to war. For mothers, there are a lot of options. You can be a single mother and still maintain your career."



HMC Karen Delisle, Command patient contact representative — "The military stands out as an example. In terms of equality for women, the military is way ahead of the civilian community. I've always been judged by my ability, not my gender during my 22 years on active duty."



# Y DAY: AUGUST 26

and Photos by SN Wael Issa

LCDR Marie Kelly, Risk Management coordinator — "My basic belief is that there should be a free choice. Women should have opportunities made available to them and they should be considered equally without sex being an issue. There is still a significant price that women have to pay if they want to have a family and a career."



to combat aircraft, is now weighing the possibility of expanding the roles of women in combat. Women may soon be given greater opportunities in non-traditional rates as well as traditional fields.

At Naval Hospital Oakland (NHO), there are 176 women officers and 190 enlisted women. These women are working in rates that, in the past, were only available to men. They are doctors, administrators, corpsmen and security guards. Perhaps in the future, they, too, will be given the opportunity to serve alongside their male counterparts in combat.

In recognition of "Women's Equality Day," I asked the women of NHO what they thought about equality, and this is what some of them had to say:



LT Gina Long, Nurse Corps Reserve — "Entry into the work force has changed. It is becoming more balanced — more equalized — where before it was primarily male dominated. I would like to see more equity in pay: Equal pay for equal work."



Nancy Reese, LVN, Pediatric Clinic — "I would like to see women in top positions. If you're qualified, you should get the job."



## Naval Hospital Oakland Quality Assessment Office Up-Close

**Your job:** Quality assessment coordinator with oversight of departmental, medical staff committees and command-wide quality assessment activities; risk management, utilization review and professional affairs offices.

**Marital status:** Single.

**Hometown:** Hatbord, PA.

**Hobbies:** Gardening, running (on occasion), travel and genealogy.

**Likes:** Honest and caring people.

**Dislikes:** Dishonesty and discrimination in any form.

**What is the most challenging part of your job:** Assisting folks in viewing "the dreaded Quality Assurance" as a truly positive and rewarding set of activities.

**What is your immediate goal:** Firmly root Quality Assurance into a Total Quality Leadership (TQL) and continuous quality improvement mode.

**What is your long-term goal:** To serve as director of Nursing Services in a Medical Treatment Facility.

**If I could do it all over again, I'd:** Not change a thing. I went to Nursing School with the plan to join the military. I joined the Navy with a desire to serve aboard ship ... it "only" took 19 years or more to get there.

**I wish I could stop:** Delaying contact with old friends and forgetting birthdays and anniversaries.

**I respect myself for:** The educational and career levels I have attained.

**Role models/ heroes:** RADM F. Shea-Buckley and GEN Norman Schwarzkopf.



CDR Dorothy A. Michael  
Nurse Corps

**Your job:** Leading petty officer for eight enlisted personnel; directly involved in maintaining credentialed files of health care providers and risk management programs.

**Marital status:** Married.

**Spouse:** Sandy.

**Children and ages:** Edgar Jr., 13; Michelle, 11.

**Hometown:** Zambales, Republic of the Philippines.

**Hobbies:** Basketball, reading and cooking for family and friends.

**Likes:** Honest and compassionate people.

**Dislikes:** Hypocrites.

**What is the most challenging part of your job:** Preparing for Joint Commission on Accreditation of Health Care Organizations (JCAHO) inspection and, right now, for the forthcoming Inspector General (IG) inspection.

**What is your immediate goal:** To contribute optimum quality service to the Navy to the best of my ability during my remaining Navy term; then retire.

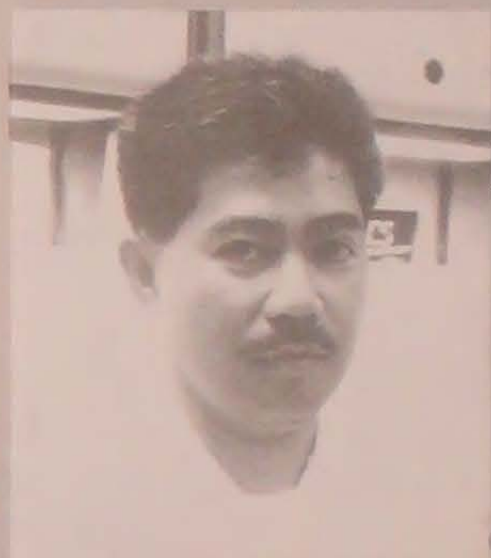
**What is our long-term goal:** To be able to see my kids graduate from college.

**If I could do it all over again, I'd:** Finish my degree and earn a much better pay.

**I wish I could stop:** The problems of drugs and addiction of young and old that is plaguing the country today.

**I respect myself for:** Being able to divide my time between my family and my Navy job.

**Role models/heroes:** John F. Kennedy and GEN Douglas MacArthur.



HM1 Edgar E. Ednacot

**Your job:** Review admission slips and ward reports to identify those patients involved in utilization review activities.

**Marital status:** Married.

**Spouse:** Eva.

**Children and ages:** Rodney, 21; Richard, 18.

**Hometown:** San Ramon, CA.

**Hobbies:** Video-taping.

**Likes:** Friendly and honest people.

**Dislikes:** Opposite of the above.

**What is the most challenging part of your job:** Being promoted from medical clerk to medical record technician.

**What is your immediate goal:** To learn more about my job as a utilization review specialist.

**What is your long-term goal:** To continue working in the medical field.

**If I could do it all over again, I'd:** Switch from personnelman to hospitalman.

**I wish I could stop:** Being anti-social.

**I respect myself for:** Being patient and hard working.

**Role models/heroes:** GEN Douglas MacArthur.



Rustico S. Quijano

## From the Chaplain



## The Healing Touch

By LT Michael A. Belt, CHC, USNR

I have been assigned to Naval Hospital Oakland for a few days now. As a reservist in the Chaplain Candidate Program, it has given me the great opportunity to serve in many different areas of ministry.

However, I don't believe I have ever had orders to a place that was so busy. I have found that it is very easy to catch myself coming and going. The amazing thing I have discovered is the great amount of caring that goes on. To put it another way, I see doctors, nurses, corpsmen and even the workers in our small exchange reach out with "The Healing Touch."

In my church background, we believe very strongly that God performs healings today just as he did 2,000 years ago. We also believe that God uses people as his divine tool in healing. The medical staff is a superb example of this. God uses them to bring about physical healing from broken bones to broken hearts and beyond. Most of it is indeed beyond me.

Physical healing is not the only way God uses us. We help people by reaching out to them in time of emotional needs and in times of sorrow or fear. I have seen the nurses and corpsmen stop during their busy schedule and offer a kind word of reassurance or just a listening ear.

This is "The Healing Touch." This is what it means to become a divine tool of God. Most of the time we will never know those words help or ever change a person's life. All we have to know is that it is like a seed planted that will sprout and bring forth a beautiful rose.

This "Healing Touch" should not stop at the doors of the hospital. It should be carried over to our friends and indeed our families. The high stress and strain of Navy life can tear at the seams of any strong family. Therefore, it is important today to take extra time and reach out to our family with words of love, encouragement and even forgiveness.

We need to learn to love and show our love even when we are too tired and emotionally don't feel like it. Our families also need to be lifted up with words of encouragement, telling them how special and important they are to us. Finally, the hardest thing to do is to forgive and ask for forgiveness. But it is essential if we are to live and grow together.

All of these things are essential elements in "The Healing Touch." Just think, if we all practiced forgiveness there would be less divorces and family feuds. Instead, we would have a lot more happy, growing families and maybe a more loving and caring society.

Dear friends, let us love one another... If we love one another, God lives in us and his love is made complete in us.  
1 John 4:7,12



## For Your Health

### Healthy eating in the dining hall

By LTJG Kimberly M. Kauffman, MSC

If you are concerned about your weight or general well-being, then it is important to make healthy food choices when eating in the dining hall. There is always a nutritious selection available from a variety of foods. The key is to make the right choices. Next time you visit the dining hall why not keep the following in mind:

- \* Select a non-fried entree. Remove skin and visible fat from meat. Ask your server for a small portion, about the size of a deck of cards. A health alternative could be the deli-bar. Choose turkey or lean ham and avoid the high-fat salami and bologna. Use mustard or catsup rather than mayonnaise.

- \* Choose a high-carbohydrate food at each meal. There's always a variety of cereals and breads and choices of potato, rice or noodles. If these items are not fried ( french fries, potato chips or hash browns), they are packed with nutrients and low in fat.

- \* Ask the server to leave off the gravy and sauces. Avoid extra butter and margarine. Save bacon, sausage and desserts for a treat.



- \* Enjoy the large selection from the salad bar available at each meal. Limit the olives, nuts, bacon bits, croutons and salad dressing.

- \* Milk is an excellent source of vitamins, minerals and protein. Don't defeat this healthy choice by drinking whole milk (48% of its calories come from fat compared to 4% in skim milk). Skim milk is available in pink cartons at the front of the line.

- \* Top off each meal with a refreshing piece of fruit. There is always a fruit bar at breakfast and at least two types of fruit served at lunch and dinner.

Food Service people prepare a variety of foods, but the choice of what and how much you eat is up to you. No food is strictly good or bad. Don't feel guilty about enjoying an occasional fried food or slice of cake, that's what it is there for. The key is to use the above guidelines as the rule and not the exception.

### U.S. Navy Occupational Safety and Health Policy



It is Navy policy to provide a safe and healthful workplace for all personnel. These conditions shall be ensured through an aggressive and comprehensive occupational safety and health program fully endorsed by the secretary of the Navy and implemented through the appropriate chain of command. The program shall include the following features:

- \* Compliance with applicable standards.
- \* At least annual inspections of all workplaces by qualified Occupational Safety and Health (OSH) inspectors.
- \* Prompt abatement of identified standards -- To maximum extent practicable, all hazards shall be eliminated or minimized through engineering or administrative controls. Where those controls are not feasible, appropriate personal protective equipment shall be provided at government expense. Where hazard abatement resources are limited, priorities shall be assigned to take care of the most serious problems first. Appropriate notices shall be posted to warn employees of unabated serious hazards and to provide interim protective measures.
- \* Procedures for all personnel to report suspected hazards to their supervisors and/or safety and health officials without fear of reprisal. Allegations of reprisal for such participation shall be filed in accordance with existing grievance procedures.
- \* Appropriate OSH training for safety and health officials, all supervisory personnel and employees -- Applicable OSH requirements shall be integrated into training programs and technical and tactical publications.
- \* Procedures to review, in advance of construction/procurement, the design facilities, systems and subsystems to ensure that OSH hazards are eliminated or controlled throughout the life cycle.
- \* Thorough mishap investigations and a comprehensive OSH management information system which provides all OSH data required by higher authority.
- \* Comprehensive occupational health surveillance programs, both medicine and industrial hygiene, implemented by qualified personnel.
- \* Procedures to recognize superior or deficient OSH performance. Performance evaluations shall reflect personal accountability in this respect, consistent with the duties of the position. The evaluations will also show appropriate recognition of superior performance, or an adverse notation or administrative action for deficient performance.

## OAK KNOLL NEWS



### Instructors needed

The Bureau of Medicine and Surgery and Bureau of Personnel have approved Medical Administrative Technician School (NEC 8424) to begin at Naval Undersea Medical Institute, Naval School of Health Science, Groton, CT approximately July 1992.

Volunteer instructors are needed NOW to begin development of the curriculum and to teach the first class.

All hospital corpsmen personnel with a minimum activity tour of two years on board are eligible for this program, but their NAVPERS 1306/7, Personnel Action request, must reach PERS-407C no later than Sept. 1.

A board will convene September 1991 to select the first instructors, and PCS orders for transfer will be cut in October, November and December 1991.

Point of contact for further information is the command's career counselor at 633-5083.

### Computer Hotline

If you have a problem with your microcomputer or if your software program is giving you fits, call the Information Resources Center Hot Line at 633-5189. All trouble calls must come in through the Hot Line number to ensure that each call is handled in a timely manner.

### Change in military sick call hours

The hours for checking-in to Military Sick Call were changed permanently on Friday, Aug. 9. The schedule for morning sick call remains the same, 7 to 7:30 a.m. Check-in for afternoon sick call is from 12:45 to 1:15 p.m. NHO staff is reminded that they should be in the uniform of the day, with their health record and hospital card in hand prior to reporting to sick call.

### Mandatory direct deposit

The secretary of the Navy has reissued the Department of the Navy's policy on pay delivery services for military active-duty, retired and reserve personnel. Effective July 15, 1991, all members who enlist or accept a commission in the Navy will be required to enroll in the Direct Deposit System (DDS) for the delivery of new pay and allowances. Individuals enrolled in Officer Candidate School (OCS) and Aviation Officer Candidate School (AOCS), recruits enrolled in Basic Military Training and "A" School enrollees are exempt from these provisions until they report to their first permanent duty station. At that time, they will have 90 days to enroll in DDS. Members eligible for reenlistment on or after July 15, 1991 will be required to enroll in DDS as a condition of reenlistment. This includes members who voluntarily extend their enlistment or combine extensions of their enlistment to total two years or more. Prospective reenlistees who are not already enrolled in DDS must initiate enrollment at least 60 days prior to reenlistment.



## Computer Tips

By Jim Brackman

Head, Planning and Requirements Division

Did you know there are three basic classifications of software?

(1) License, (2) Shareware and (3) Public Domain.

### LICENSE SOFTWARE:

License programs are commercially manufactured by companies and distributed by retail outlet stores. License programs are protected under the copyright laws and may not be duplicated other than for backup purposes. A registered copy may not be used in more than one computer at the same time, with one exception: Bulletin Board System (BBS) operators may purchase a single license which allows simultaneous use of the registered program by multiple users of a BBS.

The serial number that is presented to registered users may not be given to any other user for any purpose. The serial number should remain confidential, and is the user's assurance of a unique copy which is registered in their name.

### Some examples of License software should be:

- |                |                |
|----------------|----------------|
| 1. DBASE III+  | 4. PC TOOLS    |
| 2. ENABLE      | 5. WORDPERFECT |
| 3. LOTUS 1 2 3 | 6. VENTURA     |

### SHAREWARE SOFTWARE:

Shareware (also known as user-supported software and other names) is a concept not understood by everyone. The authors of Shareware retain all rights to the software under the copyright laws while still allowing free distribution. This gives the user the chance to freely obtain and try out software to see if it fits his or her needs. Shareware should not be confused with Public Domain software even though it is often obtained from the same sources.

If you continue to use Shareware after trying it out, you are expected to register your use with the author and pay a registration fee. What you get in return depends on the author, but may include a printed manual, free updates, telephone support, etc. Only by paying for the Shareware you use do you enable the Shareware author to continue to support his software and create new programs. Considering that the Shareware registration fees are almost always far less than the purchase price of comparable commercial software it's obvious that Shareware is a good deal for everyone.

### Some examples of Shareware software would be:

- |             |              |
|-------------|--------------|
| 1. AUTOMENU | 5. SHEZ      |
| 2. LIST.COM | 6. CATDISK   |
| 3. HOMEBASE | 7. MAH JONGG |
| 4. PKWARE   | 8. VIRUSCAN  |

### PUBLIC DOMAIN SOFTWARE:

Public Domain (also known as Freeware and other names) is software that is free and can be placed in users libraries without compensation or royalty to the program author. Public Domain software comes from a variety of sources. Some examples of free software producers are:

1. Colleges or universities under government grants.
2. Programmers writing for their own satisfaction and enjoyment.
3. Companies producing software to promote their products.

### A NOTE OF INTEREST:

Naval Hospital Oakland has been experiencing VIRUS problems. We are uncertain as to how this virus came about. However, in most cases, virus problems come from other than license software products; i.e., software copied from bulletin board services, or a software program picked up from a friend of a friend.

The most common is the STONE B virus. This virus attacks the Partition Tables and File Allocation Tables (FAT) of your computer's hard drive. Once infected you will ultimately lose all data that is stored on the computer. Management Information Department (MID) is in the process of purchasing a site license for a product call VSCAN. This software program will be placed on every microcomputer within the hospital as a deterrent against future VIRUS problems. Until the procurement process has been completed, we have set up TWO computer stations to check diskettes before information is transferred to your hard drive. Station one (1) is located in the Systems Division on the 1st floor of the Hospital and station two (2) is located in Bldg 67B. Please feel free to use these stations to check your diskettes for possible virus.

Point of contact for questions and further information is the Management Information Department at 633-6167.

## News from Branch Medical Clinic NAS Moffett Field

HMC Marilyn LaRose was awarded the Navy Achievement Medal for performance of duty while TAD to the Branch Medical Clinic.

HM1 Sharon Estes and HM2 Debra Tingle received Letters of Appreciation for their performance of duty while assigned to the Branch Clinic.

HM2 Louis Owens received a Letter of Appreciation from CO, Vp-46 for his presentation during a recent Safety Standdown.

HN Annette Cooley received a Letter of Appreciation from CO, Naval Hospital Camp Pendleton for her participation in the San Diego Armed Forces Day Parade.

HM2 Edward Velasquez was the subject of a *Meritorious Must* conducted by the CO, First Medical Battalion, First Force Service Group, FMF, Camp Pendleton for his outstanding performance of duty while serving with the Unit Air Movement Control Center.

LT Christine Nordling received a Letter of Commendation from the CO, Naval Hospital San Diego for her performance as senior medical officer.

HM3 Leandro Aguda received a Letter of Commendation from U.S. Naval Forces Central Command for his performance during Operation Desert Storm.

HM3 Julio Rivera received a Letter of recognition from CO, Naval Hospital Oakland.

HM1 Sharon Estes received her Third good Conduct Award.

HMC Fernando Pimentel received his Third Good Conduct Award.

Welcome aboard to HN Craig Ness, HM2 Jimmy Mosley, HN Annette Cooley, HM3 Robert Legaspi and LT Christine Nordling.

Farewell to HM3 Micah Palm, HM2 Debra Tingle, HM1 Sharon Estes and HMC David Donovan.

## Moffett Field hero awarded medal

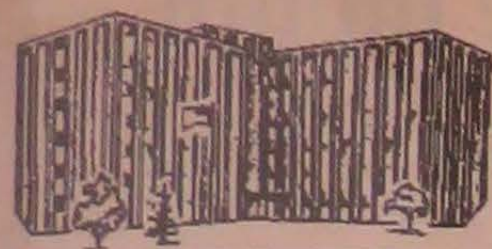
HM3 Micah Palm was awarded the Navy Achievement Medal for saving the life of an 18-wheel truck driver on I-5 on May 25, 1991. HM3 Palm came upon the overturned 18-wheeler and noticed the severely injured driver on the ground outside the vehicle. In a calm and professional manner, he began to assess the patient. He found a fracture of the right tibia-fibula in two places accompanied by severed arteries in the same leg. HM3 Palm applied direct pressure and then used a pressure point to decrease blood loss. There is little doubt that the driver may have perished from loss of blood or shock, had first aid not been rendered. HM3 Palm's prompt, heroic actions were correct and undoubtedly saved a life.

## HMC Donovan retires after 22 years



CDR L.W. Tompkins (left) presents HMC David Donovan with a second Navy Achievement Medal and a certificate transferring him to the Fleet Reserve. HMC Donovan is retiring after completing 22 years of naval service. Donovan had tours of duty with Naval Hospital Philadelphia PA; Branch Dispensary Bainbridge, MD; Branch Clinic Dahlgren, VA; Naval Regional Medical Center, Pearl Harbor, HI and most recently Branch Medical Clinic Moffett Field, CA, where he served as leading chief petty officer of the Laboratory Department. He has earned two Navy Achievement Medals and a Meritorious Unit Commendation, among other ribbons and awards. (Official U. S. Navy photo)





The Navy's First Commissioned Hospital Ship

# The Red Rover



Volume 3-Number 12

Naval Hospital Oakland, California 94627-5000

September 27, 1991

## Rear Admiral Buckendorf

# Exclusive from Oak Knoll's new CO

By Andree Marechal-Workman

It was a clear, sunny day in May when, with pomp and circumstance, Rear Admiral William A. Buckendorf took the helm of Naval Hospital Oakland, or Oak Knoll, as the health care facility is known locally. Since then, the newly promoted two-star admiral has been engaged into studying the inner-workings of his command.

"My immediate goal is to really understand the hospital," said the Vietnam veteran and former assistant chief for Fleet Readiness at the Bureau of Medicine and Surgery in a recent interview: "The way that it works, the way that its staff perceives its responsibilities — to get an in-depth appreciation for how the facility functions, how the people work within the facility, what the interface of the facility is, not only with the military environment, but with the civilian community as well."

This is not to say that RADM Buckendorf didn't have a plan in mind when he came to Oak Knoll. In fact, he had already chartered a very precise course at the time he accepted orders to what he said he hopes will be his "best and last tour."

***"We really need to show that, as a field command, we can plan for our future in the Bay Area."***

"I have a goal and a vision," the command's top administrator said with conviction. "I would like Naval Hospital Oakland to be the most cost-effective teaching hospital in Navy Medicine within the next three years."

While acknowledging that three years "is a very heady goal," the admiral nevertheless stressed the importance of setting those parameters in order to sharply define his vision. "We don't have 20 years," he said, referring to the pending Bay Area base closures. "I think it's very critical during this period of military downsizing that Navy Medicine — and specifically Naval Hospital Oakland — become very goal-oriented and focus on a vision that I believe is attainable."

The job will not be an easy one, he admitted. However, he was quick to point out that "with dedication, if we can show that we are an effective, efficient organization that is meeting its primary mission of taking care of [its] military beneficiaries in this area, the rest will come of its own accord."

Although he realizes the NHO's beneficiary



NHO's 26th commanding officer.

population has, and will continue to expand because of the Navy Closure Commission-mandated base realignment and closure of Letterman Army Medical Center (LAMC), Naval Air Station Moffett Field and Ford Ord Army Base, RADM Buckendorf added he has no doubt the challenge can be met if the command adopts the principles of Total Quality Management/ Total Quality Leadership (TQM/ TQL).

"I really think we need to work on doing things right the first time," he emphasized. "But to do that we must focus on providing the entire staff with appropriate training and the opportunity to succeed. [Committed] people, especially our civilian folks who really are the stable work force, want the opportunity to succeed — to advance in their programs."

"In order to do that, people must know what they're supposed to do and they must have the wherewithal — the training and the background [they need]."

According to RADM Buckendorf, who is double-hatted as both NHO's commanding officer and commander of the San Francisco Medical Command (SFMC), the latter is the planning organization that will find ways of filling the void left by the closures.

"I view the San Francisco Medical Command as the planning organization that will be comprised

of components from individual medical centers and commands," he said of NHO, LAMC, David Grant Medical Center [at Travis Air Force Base] and Silas B. Hayes [at Fort Ord] — the military elements he said he imagines will make up SFMC.

But the Line must also be brought into play, he continued, explaining "it is key and essential [that we] determine the Line's goals and objectives in terms of availability of medical care for not only the active-duty but also the dependent and retired populations [because] I think the eventual goal for Navy Medicine is to find a way for all

beneficiaries to have access to the health care they need."

Yet, despite the difficulties that he anticipates — "an increasingly growing population, a flat Line budget and a staff that will probably not grow very much" — the admiral reiterated his belief that a TQM/TQL approach, constant vigilance and continued SFMC research and planning will go a long way toward keeping NHO on the cutting edge of Navy Medicine.

"Those challenges are going to be paramount to the survival of this facility," he concluded. "We really need to show that, as a field command, we can plan for our future in the Bay Area."

All of which means work, work and more work for the entire command. But RADM Buckendorf said he's happy to be here, even as a "geographic bachelor" doing a lot of commuting between foggy and treeless Bay Area and hot and humid Virginia, where his family still resides pending the end of the school year. He is bringing a lot of expertise to this facility, and it is safe to venture the guess that, under his leadership, Oak Knoll might well be not only "the most cost-effective," but also the best "teaching hospital in Navy Medicine" in even less than three years.

RADM Buckendorf is married to the former Susen E. Olson of Omaha, NE. They have two children: William, 20 and Kurt, 17.



## Perspectives

### Ombudsman Appreciation Day



Former Oak Knoll's ombudsman and reserve nurse Patrice Lappert (right) rests from her busy Same Day Surgery schedule, as her son, Joseph, takes a piggy back ride with Denise Allshouse during a picnic for families of deployed personnel they helped to organize. Lappert's budding career as an ombudsman was curt short when she was recalled to active duty. (Official U.S. Navy photo by A. Marechal-Workman)

September 13 was Ombudsman Appreciation Day. That date marks the 21st anniversary of this extraordinary volunteer program made up of over 4500 Navy spouses whose unstinting and caring assistance and support add immeasurably to the quality of life of the total Navy family.

During the recent Persian Gulf crisis the ombudsmen were fundamental to all Navy efforts to keep families informed, reassured and supported whenever needed. Here at Naval Hospital Oakland (NHO), with about 90% of Navy medical personnel deployed to USNS Mercy (T-AH 19) and Fleet Marine Force units in Saudi Arabia, ombudsmen Denise Allhouse, Sandy Carman, Alice Pool and Jane Timoney were invaluable to the morale of the command. Together with the hospital's Pastoral Care Department, the Family Service Center at Alameda Naval Air Station, Navy Relief and the American Red Cross, they made difficult times a little bit easier for the folks left behind — oftentimes at the cost of sleepless nights and incredibly busy schedules complicated by child birth and child rearing.

We salute them and thank them for a job well done.

#### Red Rover

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#### Commanding Officer

Rear Admiral William A. Buckendorf

#### Executive Officer

Captain Noel A. Hyde

#### Public Affairs Officer

Paul W. Savercool

#### Assistant Public Affairs Officer

JO1 Kay Lorentz

#### Editor

Andree Marechal-Workman

#### Editorial Assistants

JO2 Stephen Brown

JOSA Kyna S. Kirkpatrick

### September Awards for NHO

#### Federal Employees of the year nominees

Kathleen Black  
Katheryn Buchanan  
LCDR Nancy Ericksen  
CAPT Anne Gartner  
Marjorie Goudeau  
LCDR Leona Hammond  
Florence William

#### Sailor of the Month (August)

HN Jeffrey Livick

#### Good Conduct (FIRST)

MS2 Jesse Jackson  
HM2 Stephen Moore  
HM3 Carmelo Ayala  
HM3 Priscilla Baker  
SH3 Suny Fontileu  
HM3 Dick Giron  
HM3 Anthony Marcum  
HM3 Carlos Moncada  
HM3 Dean Murphy  
HM3 Annelies Ross  
HM3 Berkley Semple  
HM3 Daniel Townsend  
HN Bobby Walker  
DN Micheal Walker

#### (SECOND)

HM2 Lee Standstede  
HM3 Melvin Cable

#### (THIRD)

ABH1 Mark Logue  
MS1 Jimmie Pate  
HM2 Micheal Adorno

#### (FOURTH)

HM1 Edgar Ednacot

#### (FIFTH)

MSC Edison Dizon

#### Navy Achievement Medal

##### (FIRST)

LT Rita Sullivan  
LTJG Sandra Mason-Burns  
ENS Jamie Wise  
HM1 Currie Hawkins  
HM1 Onofre Llanes  
HM2 Mark Elliot  
HM2 Leah Garcia  
HM2 Carmen Laver  
HM2 Robert Lewis

##### (SECOND)

LCDR Elinor Spita  
HMC Robert Spindle  
HM1 Myrna Catubay  
HM1 Robert Richardson  
HM2 David Lynn

##### (THIRD)

MACM Mario DelRosario

#### Navy Commendation Medal

LCDR Nancy Eriksen

### August sailor of the month



HN Jeffrey L. Livick, takes vital statistics of a patient in military sick call at Branch Clinic NAS Alameda. HN Livick was presented the Sailor of the Month award for August at Naval Hospital Oakland for his "exceptional initiative and mature judgement" while working as a military sickcall corpsman.

According to his citation, during the absence of his leading petty officer and leading chief petty officer, Livick coordinated physical examinations for members of the USS Kansa City when they did not have appointments. Livick has significantly contributed to the positive image of the Branch Clinic and set an example for his peers. Bravo Zulu to HN Livick for his outstanding achievements in community service at NAS Alameda and for his professionalism in his duty for the Navy and Naval Hospital Oakland (NHO). (Official U.S. Navy photo by SN Wael Issa)

### CDR Gibbons retires



Rear Admiral Buckendorf (right) pins the Meritorious Service Medal on Commander Gibbons, MSC, while Master of Ceremony, CDR Ernest Ghent, MSC reads the commendation.



CAPT C. Gordon Strom, MC, (far right) heads the right aisle of side boys "piping" CDR Gibbons and his wife, Shirley, "ashore." Other side boys were: (right aisle) CAPT Michael Little, MC, LT James Jackson, MSC. Left aisle is headed by CDR Janet Peterson, NC, HMCS (AW/SW) Gary Chapman and HM1 Tim Pennington. CAPT Strom stood as the commander's father who couldn't be present at the ceremony. CDR Gibbons retired "three months shy of 20 years" from the day he took over the job of head of Food Service Division from his father, LCDR Harry C. Gibbons (Ret.), who retired in late September 1961. (Official U.S. Navy photos by SN Wael Issa)



LTJG Coniglio works in PT Department

# Only certified active-duty Navy hand therapist at NHO

By JOSA Kyna S. Kirkpatrick

When Lieutenant Junior Grade Linda A. Coniglio, Medical Service Corps, enlisted in the Navy in 1973, she never thought that, one day, she would be the only hand therapist not only at Naval Hospital Oakland (NHO) but also in the entire active-duty Navy.

Coniglio stated that she always had an interest in working with hands because as an occupational therapist she learned that hand therapy required a better understanding due to the hand's intricate parts. "I needed and wanted that understanding in order to help people achieve their maximum functional potential," she said.

At NHO, Coniglio said she deals not only with the evaluation and treatment of hand injuries/diseases, she also works with several treatment programs for hands such as: edema control, scar remodeling, range-of-motion, coordination and dexterity, desensitization, static and dynamic splinting, as well as patient education (diagnosis, treatment and safety precautions for the patient).

Coniglio began her career in the Navy as a hospital corpsman, occupational therapy technician at NHO working with a large number

of stroke patients. During her term on active duty, she began taking classes towards her degree in occupational therapy. After six years on active duty, Coniglio joined the reserves while working as a civilian occupational therapy technician.

"I don't know where I would be today if it wasn't for LTJG Richard Haase, who encouraged me to go back to college. I was just going to be an occupational therapy technician in the civilian community," she said. At 29, she entered the University of Puget Sound in Tacoma, WA, where she completed her requirements and received a bachelor of science degree in Occupational Therapy.

While working at Western State Hospital in Tacoma, WA as an occupational therapist involved with the criminally insane, she received a call from NHO's head of the Physical Therapy/Occupational Therapy Department who inquired about her interest in the position of hand therapist that had become vacant. "I was interested in working with hand rehabilitation and I accepted," she said.

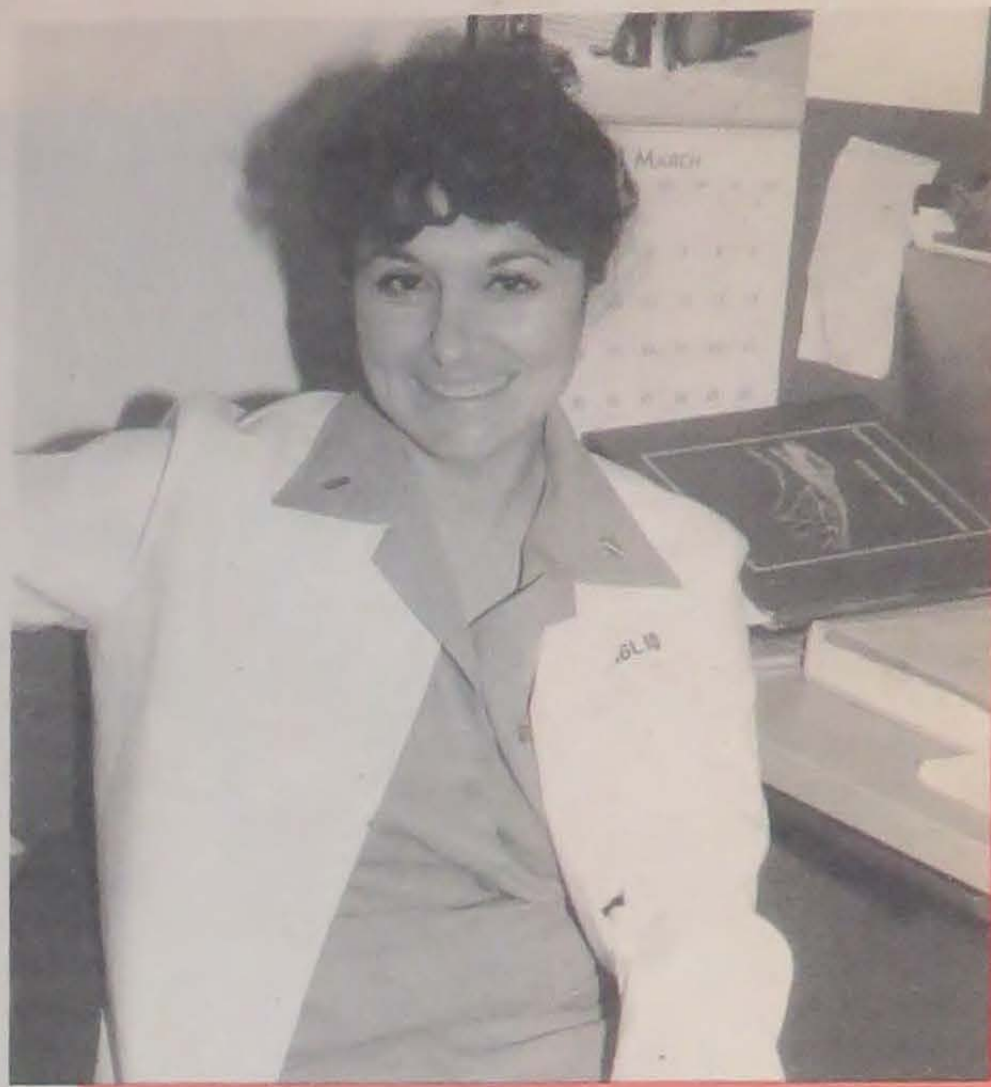
Coniglio said she was drilling at NHO while working as a civilian, and the hospital was willing to train

her for the job while continuing her education. "I would attend anything that pertained to hands — seminars, lectures, etc.," Coniglio said, adding that the Navy paid for some of the courses, and she paid for those the Navy couldn't.

"Certified hand therapists can be occupational or physical therapists but they need extra training in a hand department," explained Coniglio. To get extra training in hands, she worked closely with doctors and patients doing rehabilitation for different types of surgery such as: nerve repairs, flexor tendon repairs, extensor tendon repairs, wrist surgery, etc.

"I had five years of working with hands when I received my commission in the Navy, and they wanted to send me overseas to Yokosuka, Japan," said Coniglio, adding that, during that time, hand surgeon and NHO's former commanding officer, Rear Admiral David M. Lichtman, contacted the surgeon general to get an occupational therapist billet (working with hands) that Coniglio could fill since she was working as a civilian hand therapist at the time.

While waiting for her certification, Coniglio said she spent endless hours studying and



preparing for the exam which the Hand Therapy Association said wouldn't be ready until May 1991.

She added that she would love to work only with hands "wherever [she is] needed, in the United States or in the world," proudly referring to her long-term goal.

In a short time, Coniglio not

only went from enlisted to U.S. naval officer, she also accomplished her short term goal of becoming a certified hand therapist.

"I look at this as encouragement to any active-duty enlisted," concluded Coniglio, who can be a good role model for anyone who thinks it is too late to obtain a degree or accomplish a goal.

## Quality Assurance Up Date



CDR Carol Bohn



PNCM Betty McClyman

TOTAL QUALITY LEADERSHIP is both a philosophy and a set of guiding principles and practices that represent the foundation of a continuously improving organization. W. Edward Deming is probably the foremost philosopher among all the various quality gurus. His famous 14 points are an excellent starting point for health care executives. Several are particularly germane to health care organizations.

- \* Create constancy of purpose toward improvement of product and service.
- \* Adopt the new philosophy.
- \* Cease dependence on inspection to achieve quality.
- \* End the practice of awarding business on the basis of price tag.
- \* Improve constantly the system of production and service to improve quality and productivity, thus constantly decreasing costs.
- \* Institute training on the job.
- \* Drive out fear so that everyone may work effectively for the organization.
- \* Remove barriers to pride in workmanship. People in health care must work as a team to foresee problems that may be encountered with the service.
- \* Eliminate slogans, exhortations and targets for the work force asking for zero defects and new levels of productivity and service.
- \* Eliminate numerical quotas. Substitute leadership.
- \* Remove barriers to pride in workmanship.
- \* Institute a vigorous program of education and retraining.
- \* Take action to accomplish the transition.

Deming's 14 points are more philosophical than mechanical. His first point, "create consistency of purpose" basically means staying ahead of the customer, not only meeting present needs, but planning for future needs as well. The rest of his points deal with management and labor and their relationship. Deming says that "Quality is made in the boardroom, but everyone must have a part in changing the company. Management must learn about the responsibility for quality, must learn how to lead, instead of giving orders and must take it possible for everyone to work together for the good of the company."

At Naval Hospital Oakland our goal is to improve our quality of care and services by providing staff ongoing opportunities for continual improvement. One of the first steps toward quality improvement is learning and practicing Deming's 14 points.

## Foundation

## Health

## Update

### Are You Paying Too Much For CHAMPUS?

SACRAMENTO, CA — As of April 1, 1991 the standard CHAMPUS annual deductible tripled for most families — to \$150 for individuals and \$300 for families. Deductibles will remain at \$50 per individual and \$100 per family for those whose sponsor's pay grade is E-4 and below.

CHAMPUS eligibles can escape this lofty increase by joining a CHAMPUS program called CHAMPUS Prime. CHAMPUS Prime members pay no deductibles or premiums, meaning they'll save up to \$300 per year.

Other benefits of CHAMPUS Prime include:

- \* Five-dollar general doctors' office visits
- \* No annual deductibles or premiums
- \* A personal doctor
- \* 24-hour health care help line
- \* No claim forms to fill out or send in

CHAMPUS Prime is offered by the Department of Defense through a contract with Foundation Health of Sacramento, CA. Residents of California and Hawaii who are CHAMPUS-eligible are entitled to use this program, where it is available.

Point of contact for further enrollment information is 1-800-242-6788.





# We Remember



After they rested aboard USNS *Mercy* (T-AH 19), former Desert Storm POWs pose for a group photo by JO1 Dave Malencon of *Mercy*'s Public Affairs. "They came in two groups," said CAPT Richard Osborne, Medical Corps, who was medical coordinator for the POWs. "It was essential to let them see the ship and realize that they were safe in their own way . . . some had been beaten and even tortured — for example, the Air Force captain whose ears were pinned up to electrodes when he refused to make a statement on TV."

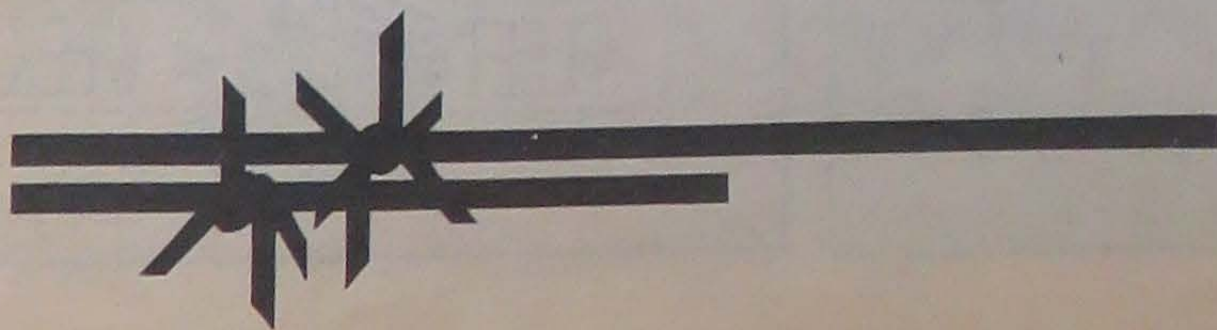
With the historic demise of communism in the Soviet Union and the recent allied victory in the Persian Gulf War, this year's recognition of America's prisoners of war/missing in action (POW/MIA) takes on a new dimension.

It is with great pride that we, at Naval Hospital Oakland, give a moment of silence honoring not only the valiant men and women who were captured by Iraqi forces, but also all the sacrifices made by patriots of previous wars who spent long years in captivity — tortured, violated and subjected to countless indignities at the hand of the enemy.

In March 1973, Naval Hospital Oakland processed some 20 Vietnam POWs and gave them the hero's welcome they deserved. Radar intercept officer, Lieutenant Commander Rodney Knutson, USNR, was among the group. Shot down near Hanoi in 1965, he said in a press conference reported in *The Oak Leaf* dated Apr. 6, 1973 that he and his fellow prisoners were tortured unmercifully. According to statistics listed in the report, "...as of Dec. 1971, 95 percent of the men had been tortured. Forty percent were in solitary confinement over six months, 20 percent over one year and 10 percent over two years. Some prisoners were in solitary over four years..."

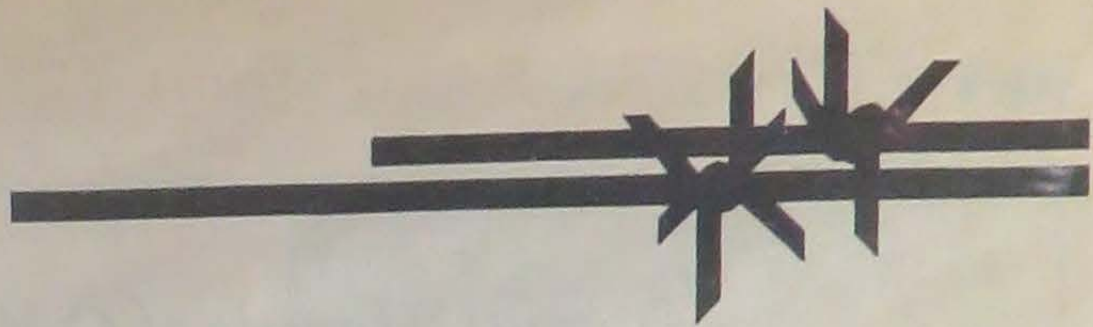


Thinned to the point of emaciation by malnutrition and disease, these prisoners of war stand inside the forbidding walls of Bilid prison in Manila on Feb. 8, 1945. CAPT Fred Nasr of the US Army Dental Corps is second from left, holding a jar of rice, one with corn and the third on the right containing beans. Barely cover the bottoms of the jars. Pitifully small, the ration awarded the prisoners by their Japanese captors. The ration constituted the allotment for 24 hours given to each man. The first ration was given to the prisoners for the first time only five days before the first ship reached Manila. Thomas Brannon (with pen in pocket) is third from left. Navy photo, courtesy of BUMED's Archives)

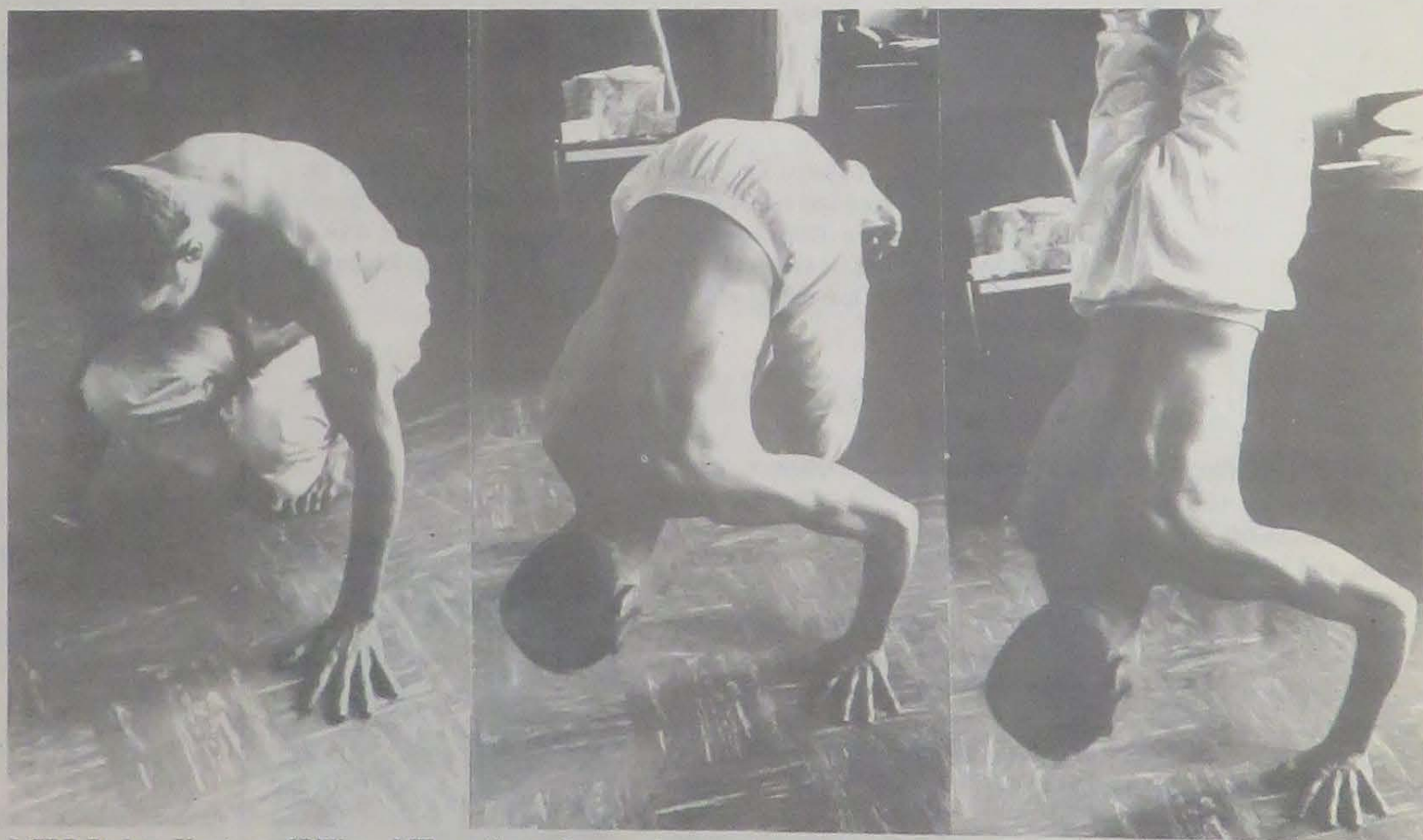




# er them all



This picture was taken on Feb. 23, 1945 after the dramatic rescue of Navy nurses from Los Banos Camp in the Philippines after 37 months as prisoners of war of the Japanese. Vice Admiral Thomas C. Kinkaid, USN, commander 7th Fleet and Southwest Pacific Force, welcomed the nurses on their return to American safety with our forces. Uniforms were made in the prison camp by the nurses, who ripped up dungarees to obtain material. The nurses received Bronze Star Medals in a nationwide presentation on Sept. 4, 1945. The rescued party are (from left), LT Susie Pitcher, Des Moines, IA; LT Dorothy Still, Long Beach, CA; Basilia Stewart, a naval officer's wife who worked with nurses in the prison camp hospital; LT Goldia Merrill, Mayfield, MN; LT Eldene Paige, Lomita, CA; VADM Thomas Kincaid; LT Mary Hays, Chicago, IL; Chief nurse, LCDR Laura Cobbs, Wichita KS; Maureen Davis, a civilian nurse who worked with the group; LT Mary Rose Nelson, San Diego, CA; LT Helen Gorzelanski, Omaha, NE; LT Bertha Evans, Portland, OR; LT Margaret Nash, Wilkes-Barre, PA; Helen Grant, a British nurse who worked with the group and LT Edwina Todd, Pomona, CA. (Official U.S. Navy photo, courtesy of BUMED's Archives)

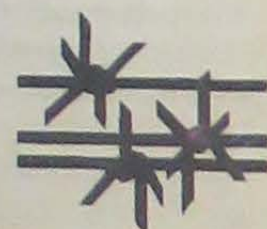
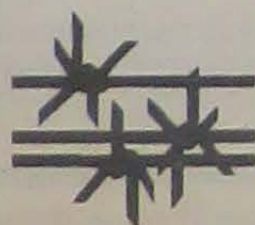


LCDR Rodney Knutson of Billings, MT, continues the morning exercises he started during his internment in a prison camp in North Vietnam. The hand stand was mastered by most of the POWs in the camp. (Official U.S. Navy photo)

## Pueblo not forgotten

...USS *Pueblo* (AGER 2) pulled out of Sasebo, Japan, Jan. 10, 1968, heading for her area of operation off the coast of North Korea, carrying out her mission of keeping North Korean communications under surveillance... At 8 a.m. on Jan. 24, the ship was surrounded by four North Korean torpedo boats and one sub-chaser, eventually captured and her crew incarcerated... After almost a year of imprisonment and torture, 81 men were released to the U.S. government...

On May 9, 1987 the officers and men of *Pueblo* were recognized as American POWs and received the POW medal they deserved. (From a story by JO3 William S. Permer published in the September 1991 issue of *All Hand's*, entitled "Capture of USS *Pueblo*")



d U.S. POWs line up  
ry photographers on  
and three jars — one  
the contents of which  
more than one day's  
rice and corn shown  
ns were given to the  
ces of the U.S. Army  
right. (Official U.S.



## Naval Hospital Oakland Up-Close

**Your job:** Supervisor of military and civilian personnel in the Military Pay Section.

**Marital status:** Married.

**Spouse:** Floerfida.

**Children and ages:** Dennis, 11; Krystle Lynn, 5.

**Hometown:** Orani, Bataan, Philippines.

**Hobbies:** Basketball and swimming.

**Likes:** Seafood, reading books and magazines.

**Dislikes:** Dishonest people.

**What is the most challenging part of your job?:** Providing our customers with the best possible and satisfying services.

**What is your immediate goal?:** Finish my shore duty and obtain some college credits leading to an associate degree.

**What is your long-term goal?:** Hopefully retire in 1994, settle in the northwest area and work in an investment firm.

**If I could do it all over again, I'd:** Set aside a small amount of my paycheck to a savings account from day one to present.

**I wish I could stop:** Illiteracy, child abuse and prejudice in our society.

**I respect myself for:** What I am; for maintaining normalcy, sanity and high standards towards my family and my job.

**Role models/heroes:** My father and Desert Storm troops.



DKC (SW) Reynaldo F. Canlas

**Your job:** Handling military pay accounts.

**Marital status:** Married.

**Spouse:** Phyllis R. Scott.

**Hometown:** Detroit, MI.

**Hobbies:** Fishing, music and dancing.

**Likes:** My job, customer service and math.

**Dislikes:** Pushy customers who know more about disbursing than I do.

**What is the most challenging part of your job?:** Trouble shooting Leave and Earnings Statements (LES); finding a problem account that is out of balance and bringing it back to balance by taking corrective action.

**What is your immediate goal?:** To get my payroll to where I don't have to see any customers with problems, only having to drop off documents that they want done.

**What is your long-term goal?:** To get a thorough knowledge of the disbursing clerk rating other than roll keeping.

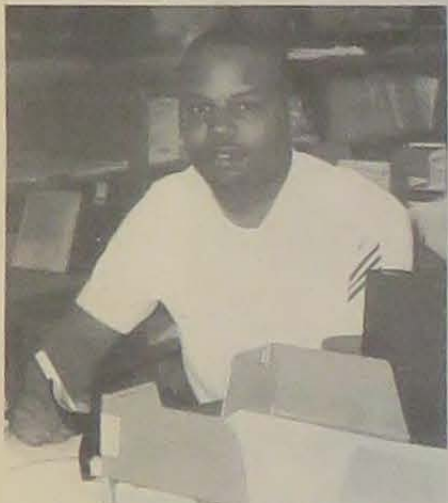
**If I could do it all over again, I'd:** Have gone to college first and then come in to the Navy as a disbursing officer.

**I wish I could stop:** Looking so hard at simple problems because when I do that I overlook the problem.

**I respect myself for:** How much my mind has expanded and how much I've matured since I joined the Navy.

**Role models/heroes:** All my supervisors because of their knowledge of disbursing.

**Special comments:** I feel that a customer should not prejudice PSD and the services we provide based on rumor or from something that happened to another customer. We're here to help each customer who walks through the door. If we make an error or a mistake we feel badly about that. I get a warm feeling inside when I see a customer leave PSD with a smile on his/her face.



DKSN Derek C. Scott

**Your job:** The handling of personnel accounting and discipline.

**Marital status:** Married.

**Spouse:** Alan Aitken.

**Children and ages:** Linda, 24; Cheryl, 22; Franklin, 15.

**Hometown:** San Diego, CA.

**Hobbies:** Traveling around country by auto, watching tennis and baseball and reading mysteries.

**Likes:** Living and working in the Bay Area, watching old movies and entertaining family and friends.

**Dislikes:** Indifferent customer service and mindless television sitcoms.

**What is the most challenging part of your job?:** Learning it all so that I can give good customer service.

**What is your immediate goal?:** Becoming proficient in personnel accounting and discipline.

**What is your long-term goal?:** To do the best job I can at PSD and move to Oregon with my husband when he retires from the Navy in three years.

**If I could do it all over again, I'd:** Be more diet-and exercise-conscious at an early age.

**I wish I could stop:** Being as critical of others as I sometime am.

**I respect myself for:** Being a loving parent without smothering my children and having a good (albeit silly) sense of humor.

**Role models/heroes:** My husband and people who have a positive look on life.

**Special comment:** The people at Naval Hospital Oakland and tenant commands are the nicest I have ever worked with.



Christine (NMI) Aitken

## From the Chaplain



## If God should go on strike

By anonymous author

*How good it is that God above has never  
gone on strike,*

*Because he was not treated fair in things he  
didn't like.*

*If only once He'd given up and said,  
"That's it, I'm through!"*

*I've had enough of those on Earth, so this is  
what I'll do:*

*"I'll give my orders to the sun — cut off the  
heat supply!"*

*And to the moon — give no more light and  
run the oceans dry.*

*Then just to make things really tough and  
put the pressure on,*

*Turn off the vital oxygen till every breath is  
gone!"*

*You know, He would be justified, if fairness  
was the game.*

*For no one has ever been more abused or  
met with more disdain,*

*Than God, and yet He carries on, supplying  
you and me,*

*With all the favors of His grace, and every  
thing free.*

*Men say they want a better deal, and so on  
strike they go.*

*But what a deal we've given God to whom  
all things we owe.*

*We do not care whom we may hurt to gain  
the things we like;*

*But what a mess we'd all be in if God  
should go on strike.*



## For your health

### The perils of cholesterol and what to do about it

By LTJG Katherine M. Starr, MSC

American consumers are becoming more aware and increasingly concerned about the connection between cholesterol and heart disease.

There are two primary types of cholesterol — low-density lipoproteins (LDL) and high-density lipoproteins (HDL). LDL brings needed cholesterol to the body cells.

If the LDL level in the blood is too high, cholesterol from the LDL can enter the coronary artery wall, damaging it and producing plaques that protrude into the artery. The plaques restrict blood flow to the heart but HDL, the "good" cholesterol, is able to remove cholesterol from the artery wall and return it to the liver — slowing down the formation oftherosclerotic plaques.

Dietary modification is foremost in attempts to reduce serum LDL cholesterol. According to the National Cholesterol Education Program, Americans consume up to 40 percent calories from fat whereas the Program recommends reducing the proportion of total calories from fat to less than 30 percent, with saturated fat making up less than 10 percent of calories. This regimen will reduce dietary cholesterol to less than 300 milligrams per day.

If this regimen is not successful, a more restrictive "step two" diet will reduce saturated fat content to less than 7% of calories and cholesterol intake to less than 200 milligrams per day.

It is important that dietary modifications be made for at least six months before drug treatment is



prescribed.

Examples of foods that contain fats include: butter, cream, lard, hydrogenated oils, coconut oil, whole milk products (cheese, ice cream, etc.). Other dietary components have an effect on serum cholesterol; for example, soluble fibers such as oat bran and apples are moderately effective in lowering LDL levels. Insoluble fibers like wheat bran are effective as a bulk former, but have little effect on cholesterol levels.

Moderate alcohol consumption is also associated with higher levels of HDL; however, alcohol should not be recommended to non-drinkers.

Not only are dietary changes critical to improve cholesterol levels, but exercise, weight loss and refraining from smoking also contribute to a lower heart disease risk.

Individuals with high serum cholesterol level who desire nutrition information from a registered dietician should obtain a consult from their physician in order to attend cardiac classes. The point of contact for further information is the Dietary Office at 633-5820.

(Editor's note — The reference used for this article was: Peter Wood, D.S.C., PhD., "The Case Against Cholesterol")

## Safety Corner



Robert Woodford, Occupational Safety & Health Manager

### U.S. Navy Occupational Safety and Health

#### Organization and Responsibility of the OSH Office

OPNAVINST 5100.23 B Chapter 3 reads as follows:

Within echelon two commands, such as the Systems Commands, authority and responsibility for performing the staff functions pertaining to the NAVOSH program shall be vested in a separate organizational entity designated as the OSH office. Organizationally, the OSH office shall report directly to the commander and shall be headed by a safety professional unless an exception is authorized by the chief of naval operations (CNO). The OSH office shall:

\* Establish, coordinate, direct and evaluate the effectiveness of NAVOSH policies, plans, programs and procedures;

\* Serve as the focal point within the organization for NAVOSH-related matters;

\* Provide technical advice, direction and guidance on NAVOSH matters to other command/bureau organizational elements and to subordinate field activities;

\* Interpret NAVOSH standards and regulations and develop or participate in developing new or revised standards when appropriate;

\* Conduct management evaluations at field activities to determine the effectiveness of the NAVOSH program;

\* Serve as the echelon two command's representative on safety councils, committees and working groups established by higher authority and the private sector. Additionally, the OSH office shall serve as technical advisor to cognizant offices of CNO on NAVOSH-related matters in areas over which the echelon two command is assigned cognizance;

\* Maintain a reporting system with appropriate ADP support consistent with the reporting requirements established by higher authority. Reports shall be analyzed and appropriate actions initiated to improve the effectiveness of the NAVOSH program;

\* Foster OSH awareness through appropriate promotional methods and channels of communication;

\* Ensure adequate consideration of OSH features in the design, purchase or procurement of items over which the major command exercises acquisition authority.

\* Plan, develop, participate and evaluate employee OSH training in coordination with the major command training office.

For further information regarding the Occupational Safety Office please call 633-4540.

## OAK KNOLL NEWS

### Enlisted Commissioning Program

WASHINGTON (NNS) — Sailors interested in receiving a commission through the Enlisted Commissioning Program (ECP) have until Nov. 1 to submit applications. The undergraduate program provides career motivated personnel with previous college credit an opportunity to complete bachelor's degrees and earn commissions.

Students have 30 months to complete requirements for non-technical degrees and 36 months for technical degrees. For up-to-date information and eligibility requirements and application procedures, see your career counselor or OPNAVNOTE 1530.

Active-duty personnel selected for ECP attend Naval Reserve Officer Training Corps (NROTC) host universities full-time and are commissioned upon graduation. Selectees receive Permanent Change of Station (PCS) orders to enroll at one of more than 50 NROTC host colleges and universities.

En route, they attend a seven-week academic and physical fitness training program at the Naval Science Institute, Newport, R.I. Selectees receive full pay and allowances at their enlisted paygrades, and are eligible for advancement.

Tuition, fees and books are the selectee's responsibility; however students may use Veterans Educational Assistance Program (VEAP) or GI Bill educational benefits if eligible. Personnel who already have a bachelor's degree are ineligible.

### Naval reserve opportunity

WASHINGTON (NNS) — Every sailor approaching reenlistment time must make the difficult decision of whether or not to stay on active duty. With retention at historic highs for many ratings and a smaller force anticipated, the decision to stay or leave is more important than ever.

For those who have decided to leave active service, the naval reserve offers an opportunity to use skills learned in the Navy while capitalizing on many of the benefits of active service — such as credit for retirement at age 60, life insurance coverage, camaraderie, medical treatment while in a training status and specified use of military commissaries and exchanges. Contact the nearest naval reserve recruiter, or call 1-800-USA-USNR (872-8767), to discuss rating opportunities and reserve affiliation eligibility requirements.

### Public Affairs officer selection

WASHINGTON, D.C. (NNS) — During Fiscal Year 1991, junior officers had an outstanding opportunity for transfer to the 165X special duty (Public Affairs) Designator.

The Navy public affairs community has been looking for high-quality naval officers with two to five years of service and proven performance records to become public affairs officers.

Prior public affairs experience and a degree in journalism, mass communication or related field are an advantage, but the main criterion for selection is outstanding performance. Selectees join a unique community charged with representing the Navy publicly in some of the most visible and demanding assignments.

According to Lieutenant Commander Mike Brady, Office of Information, Washington, D.C., the Transfer/Redesignation Board met Sept. 20, and the results will be published late in October.



Civilian News

Thrift Savings Plan Update

MONTHS	C FUND	WELLS FARGO EQUITY INDEX FUND	F FUND*	WELLS FARGO U.S. DEBT INDEX FUND	G FUND
1989 (Jan. - Dec.)	31.03%	31.61%	13.89%	14.45%	8.81%
1990 (Jan. - Dec.)	(3.15%)	(3.19%)	8.00%	8.89%	8.90%
1990					
August	(8.65%)	(9.04%)	(1.42%)	(1.36%)	.72%
September	(4.85)	(4.89)	.81	.81	.73
October	(.46)	(.43)	1.32	1.27	.76
November	6.36	6.45	2.15	2.16	.70
December	2.72	2.77	1.46	1.57	.70
1991					
January	4.55	4.37	1.15	1.29	.69
February	7.07	7.13	.86	.81	.62
March	2.40	2.40	.67	.67	.68
April	.18	.22	1.05	1.08	.66
May	4.30	4.28	.57	.58	.68
June	(4.49)	(4.53)	(.01)	(.04)	.66
July	4.63	4.65	1.40	1.42	.69
Last 12 Months	13.15%	12.65%	10.45%	10.70%	8.60 %

Percentages in ( ) are negative. \*Through 1990 the F Fund was invested in the Wells Fargo Bond Index Fund.

Use-or-lose leave for civilian employees

No one wants to lose their leave at the end of the year, so schedule whatever use-or-lose leave you have now. If, because of a mission related emergency, you are unable to use your annual leave between now and January 11, 1991 (the end of the year), please discuss your leave usage with your supervisor who, in turn can call Penny Becchio at 633 - 6374 for advice on restoration of your annual leave.

Octoberfest on Treasure Island

COMNAVBASE, San Francisco — Naval Station Treasure Island (T.I.) will be hosting an Octoberfest Carnival celebration on Saturday, Oct. 5 from 10 a.m. to 6 p.m. and Sunday, Oct. 6 from 12 noon to 6 p.m.

All personnel and their guests are invited to join the Octoberfest for two full days of Carnival thrills, rides and attractions, along with German foods, beverages, Bavarian music and an opportunity to visit beautiful Treasure Island.

To reach T.I., which is located in the middle of the Oakland/San Francisco Bay Bridge, take the T.I. exit coming either east or west and follow the signs to the Octoberfest!

For more Octoberfest Carnival Information please call (415) 395-5132.

Sports News

**Classes:**  
Aerobics classes will be offered Monday and Wednesday, 5 to 6 p.m.. Instructor for the class is Doug Cassel.  
Karate classes will be offered Tuesday and Thursday, 6 to 7 p.m. Instructor for the class is Rich Vandiver.  
\* For fees and further information call Ron Brown at 633-6450.  
\*\*Congratulations to NHO Pharmacy team for taking 1st Place in the 1991 Summer Intramural Slow Pitch Softball Tournament. Second place was the Medical Repair team.

PLAYOFFS	WON	LOST
PHARMACY	5	0
MED REPAIR	5	2
MSC	3	2
RAD WASTE	2	2
ORTHO	2	2
LAB	2	2
PT	2	2
X-RAY	2	2
RADIOLOGY	1	2
NP	1	2
RT-CP	1	2
DENTAL	0	2
OB/GYN/PEDS	0	2
SUPPLY	0	2
MOR	0	2

SPORTS FACILITIES HOURS

**GYMNASIUM**  
Located in Building 38, hours of operation are Monday thru Friday 6:30 a.m. - 10 p.m. Saturday through Sunday 10 a.m. - 6 p.m. For more information call the Gym at 633-4509.

**BOWLING CENTER**  
Hours of operation are:  
Monday-Thursday 11 a.m.-8 p.m.  
Friday 11 a.m.-10 p.m.  
Saturday 3 p.m.-10 p.m.  
Sunday 12 p.m.-6 p.m.

\*\* Note- only personnel with proper identification may use the Gym. Proper identification is a military I.D., dependent I.D. or an MWR Gold Card with a valid picture I.D.\*\*

VOLLEYBALL PLAYERS WANTED

Active-duty staff female volleyball players interested in forming a NHO team should contact Jan Reamer at 633-5070,75. The team will also be open to female dependents (over 17) of NHO active-duty personnel.

Fleet Week 1991

10K BAY BRIDGE CHALLENGE RUN  
SUNDAY, OCTOBER 13, 1991, 7:45 A.M.  
Run the Bay Bridge -- Fisherman's Wharf to Treasure Island

**Course**  
The TAC-certified 10K run begins in San Francisco's Fisherman's Wharf on Jefferson St. and follows the Embarcadero past the visiting ships up over the top span of the Bay Bridge and to the finish on Treasure Island.

**All Participants**  
Commemorative long-sleeve T-Shirts, refreshments, tours of Navy and Coast Guard ships, music by Navy bands, random prizes, and more!

**Awards**  
The Award Ceremony will be held at Pier 39 after the conclusion of the race and the return of most of the runners to Fisherman's Wharf. Custom Designed Plaques will be presented to the overall top three male and female runners. Medals go to the top three male and female in each age division: 6-13, 14-19, 20-29, 30-39, 40-49, 50-59, 60 and up.

**Team Challenge**  
Military and Open, Male and Female divisions. Minimum five runners per

team, scored by place (cross-country style), only top five runners score.

**Walkers Welcomed**  
Walkers are welcomed but medals will not be given to race walkers. In addition, the ramp to the bridge will be closed at 9:30 a.m., and all participants must be across the bridge by 9:45 a.m.

**No Wheels**  
Wheelchairs, strollers, bicycles, roller-skates, etc. will not be allowed.

**Registration and Race Limitation**  
The race is limited to 5,500 runners. Registration is first come first serve. If pre-registration reaches the limit there will not be any race day registration. \$15 pre-registration before Sept. 27. \$18 after Sept. 27 and on race day. Make checks payable to Fleet Week 1991. Mail with registration form and self addressed-stamped envelope to: Fleet Week 10K Bay Bridge Challenge Run, c/o Race Central, P.O. Box 828, Rialto, CA 92377. If there is registration on race day, it will take place near the

Cable Car turnaround, Jefferson & Hyde Streets.

**Non-Registered Runners**  
Non-registered runners (those not wearing official bibs) will not be allowed on the Bay Bridge and will not receive transportation off Treasure Island.

**Hotline**  
For additional information/registration forms, phone (415) 395-4245. Leave name, address and phone number.

**Volunteers**  
If you would like to help on race day please call (415) 282-1760.

**Transportation**  
1,500 participants will be able to ride ferry boats from Treasure Island back to Fisherman's Wharf. The rest will be transported by MUNI busses.

**Free Parking**  
Available at Pier 39 Garage 7-11 a.m. for the first 1,000 pre-registered runners who request parking on registration form.

REGISTRATION FORM

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Last Name															First																								
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Sex					Raceday Age					Team										Y N Military					S M L XL T-Shirt Sizes					Y N Parking Required?									

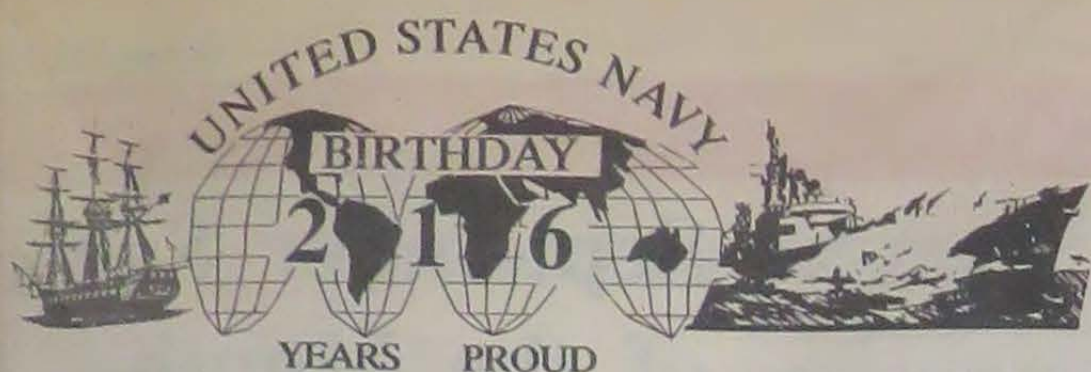
Waiver: In consideration of your accepting my entry, I intend to be legally bound, do hereby for myself and my heirs, executors and administrators waive and release forever any and all rights and claims of damage I may incur against the Fleet Week Committee, U.S. Navy, City and County of San Francisco, Port of San Francisco, State of California and all persons, organizations and sponsors affiliated with this event for any and all injuries that may be suffered by me while traveling to or from, or while participating in the Fleet Week 10K Bay Bridge Challenge Run on Oct. 13, 1991. I attest and verify that I am physically fit and have sufficiently trained for this competition. As part of this waiver I acknowledge that I have read and understand all of the above.

Signature (Parent or Guardian if under 18)

Date







Oct. 9 marks the Vikings' big discovery of the New World by Leif Erikson in 1000 A.D. Oct. 14 recognizes Christopher Columbus who reached America on Oct. 12, 1492.

The Navy's First Commissioned Hospital Ship



# The Red Rover



Volume 3-Number 13

Naval Hospital Oakland, California 94627-5000

October 11 1991

## MCPON visits NHO

By Andree Marechal-Workman, with JOSA Kyna Kirkpatrick



Retention, child care and leadership were the main issues Master Chief Petty Officer Duane R. Bushey addressed when he talked to a standing room audience at Club Knoll recently.

"Right now retention in the Navy is right around 72 percent," said the Navy's top enlisted, explaining the main reason for such a high figure is "it's hard to make money on the outside."

However, he continued, "we only need 35 percent of our sailors to stay," and cautioned those who are considering leaving the service to think long and hard about it because, now, they won't be allowed to re-enter the service.

During his traveling around, MCPON Bushey said that he found out three reasons why sailors want to get out: money, education and leadership. "But the U.S. Navy has the best vocational/technical training of any organization [in the country]," he said proudly, adding that many sailors who get out eventually want to come back in for the same reasons they wanted to get out, but now can't.

As for child care, MCPON Bushey said he believes it is the parents' responsibility to provide it, not the Navy's. Likening the Navy to civilian enterprises in similar situations, he said the cost of child care is too expensive — "disproportionate to the small group of people [it serves]."

A more equitable answer, he

Cont'd page 3

## Inside

Champus Update .....	2
Civilian News .....	3
Up-Close .....	6
For your health .....	7
T.I. FSC Calendar .....	8

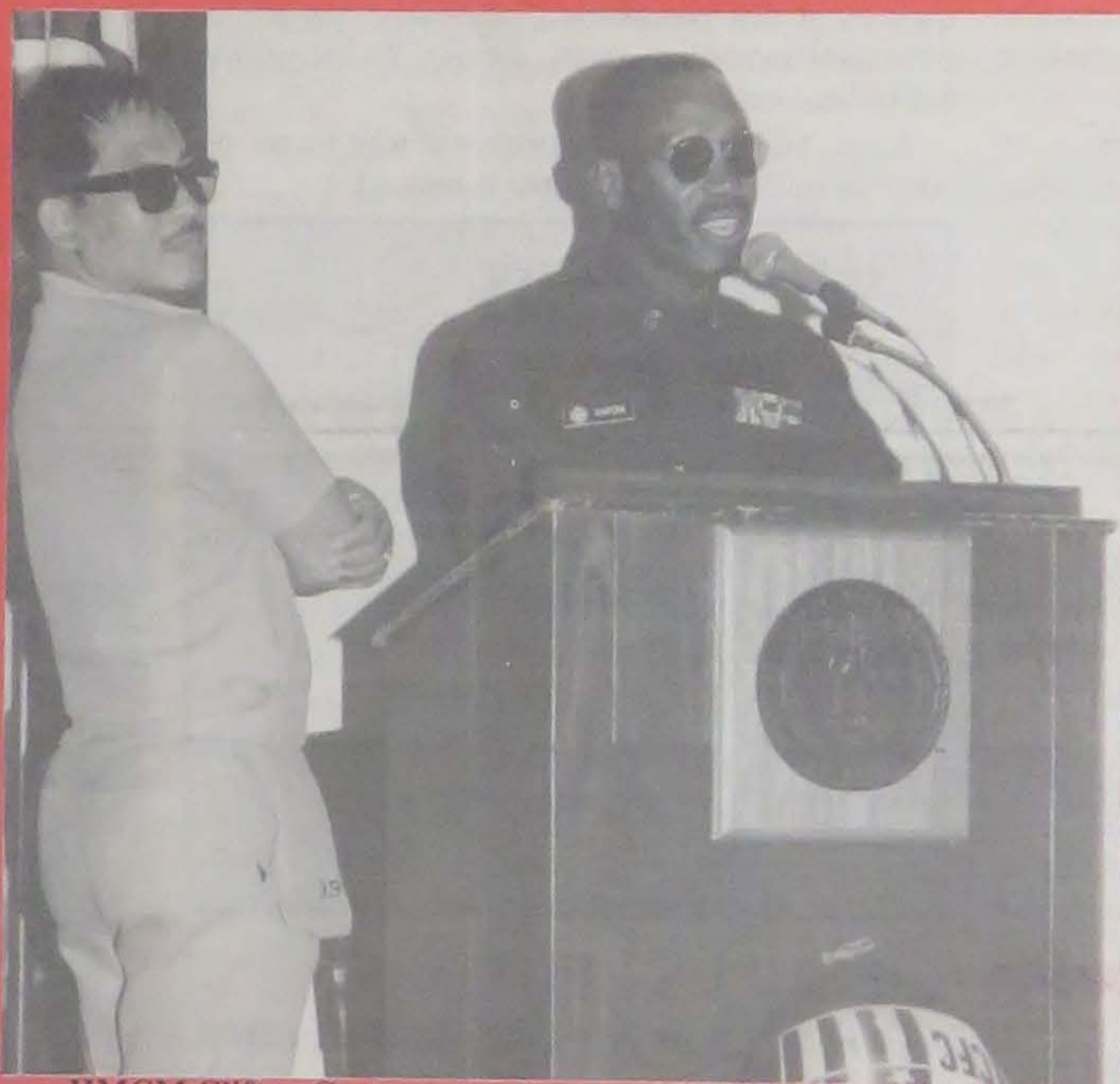
## CFC kickoff

By JO1 Kay Lorentz

The 1991 Naval Hospital Oakland (NHO) Combined Federal Campaign (CFC) Fund Drive got underway Friday, Oct. 4 with a kickoff ceremony held in the clinical assembly.

Among the honored guests were CFC Chair Major General Pat Brady, USA; NHO Commanding Officer Rear Admiral William

According MG Brady, this year's focus is on participation. As he said in his remarks at the ceremony: "We talked about the amount and dollars. Of course the more dollars we get, the more people we can help, That is just a basic fundamental fact and you all know that. But that's not what we're really pushing. What we really want to do is get people to participate... the internal awards that come



HMCN Clifton Carter (at podium) and HMCN Leo Rosario of NHO Chief Petty Officers Association issue a challenge to MSC officers for a flag football game to benefit CFC. (Official US Navy photo by SN Wael Issa)

A. Buckendorf, MC, USN, and this year's Loaned Executive Robert Corneal.

In addition to speeches by the honored guests, two short videotapes concerning CFC and personal testimonies by two NHO staff members, the NHO Chief Petty Officers Association challenged the NHO Medical Service Corps officers to a flag football game Oct. 18 to benefit this year's drive.

The San Francisco Bay Area Combined Federal Campaign, one of the top ten CFC's in the country, officially started September 30. This year's theme is: "With malice toward none, with charity for all..." a quote from Abraham Lincoln's second inaugural address. It emphasizes the diverse and broad-minded nature of this year's CFC.

from giving."

RADM Buckendorf in his remarks echoed the general when he stated that participation in such efforts was rewarding to the individual. "I have had the pleasure in the past, and I must say it is sort of a mixed blessing to have been one of the key individuals for CFC drives...It's a lot of hard work, and quite frankly I think in the long run, it's very rewarding personally for individuals who are involved."

This year the number of qualified charities has grown from 869 to 1,094. Donors can choose from a variety of organizations. They can be national voluntary agencies or local voluntary agencies and may be concerned

Cont'd page 4, 5

## Hispanic is 1st U.S. naval hero

Secretary of the Navy, the honorable H. Lawrence Garrett, III designated the period Sept. 15 - Oct 15, 1991 as National Hispanic Heritage Month 1991, with the theme "500 years of Hispanic heritage...a cultural mosaic."

On July 6, 1991, the U.S. Navy Memorial Foundation dedicated a bronze bas-relief sculpture of Union naval commander, Admiral David Glasgow Farragut, 129 years after he made history as the first rear admiral in the U.S. Navy.

According to the 1977 edition of Encyclopedia Americana, RADM (later ADM) Farragut's claim to fame as a naval hero harks back to Aug. 5, 1864 at the battle of Mobile Bay when, disregarding the threat of mine fields, he won the day with his memorable order, "damn the torpedoes, full speed ahead!"

The son of George Anthony Magin Farragut, a Spanish sea captain who fought for the colonies in the American Revolution and later settled in Tennessee, ADM Farragut was directly descended from Don Pedro Ferragut (as the name was spelled in the 13th Century) of the court of King James I of Aragon, Spain.

On Oct. 13 it is, therefore, fitting that we, on the 216th birthday of the U.S. Navy should pay homage to its first commissioned admiral, a man of little-known Hispanic heritage, who is credited with having established a Navy yard at Mare Island in 1854. For, in ADM Farragut's validation as a naval hero in 1864 is the seed of today's message from the secretary of the Navy — the seminal gesture that honors all Hispanics who contributed significantly to our nation's rich multicultural heritage.

*(Editor's note: ADM Farragut's commission as rear admiral predates the battle of Mobile Bay. It occurred early in the Civil War, in 1862, after the surrender of New Orleans, when he was promoted as the first of that rank in the U.S. Navy. Information in this editorial comes from Charles Lee Lewis, "David Glasgow Farragut: Admiral in the Making," and E.B. Potter, U.S. Naval Academy co-author of "Sea Power: A Naval History")*

Oct 7-11 is National Medical Records Week



## Perspectives

### From the Command Master Chief



There has been a recent increase in alcohol-related incidents on the Naval Hospital Oakland (NHO) compound. Many of these incidents involve our young sailors. I would like to make our community aware of this problem and encourage our petty officers, chief petty officers and officers to assume their positions of responsibility and leadership and help the command put a halt to these incidents.

It has been noted that many of the incidents occur after an underage sailor has had too much to drink, either at the club or at an off-base establishment. While we have little control over drinking at off-base hang-outs, we can do something about consumption of alcohol at Club Knoll ... not just by underage sailors but by all sailors regardless of age or rank. Because we are a sea-going service, and aboard ship one must be able to rely on his or her shipmates, we traditionally have a closer bond to one another than members of the other branches of the service. NHO is our ship. Each and every one of us has a duty and responsibility to help our shipmates. Our roles as leaders demand that we concern ourselves with not only the morale, but the physical and mental health and well-being of our people.

If you are enjoying an evening out and observe that one of our people has had too much to drink, or is involved in any type of altercation, you have a responsibility to ensure further alcoholic consumption will be

cut off, or that the altercation problem is resolved peacefully. Furthermore, the individuals should be escorted back to their quarters by a sober, responsible individual. The responsibility falls on your shoulders to see him or her safely back to their quarters. In the case of sailors who live off base, you can drive them yourself, call a taxi to take them straight home, or see if there is space in the hospital, barracks or your place where they can sleep it off.

If our leaders take their responsibility to their people seriously, I believe we can remedy this problem. No person should be allowed to reach the level of intoxication that would make the above measures become necessary. With more vigilance on our part, I believe we will be able to reduce alcohol-related incidents.

In the case of underage drinkers, we are reviewing several plans to solve this problem. Again, the leadership of our community can help us with this by keeping an eye on their underage sailors when they are using Club Knoll. Often a co-worker who meets age requirements will buy beer or mixed drinks and will share them with his/her underage shipmates.

You may think that you are being a "good buddy," but what you are really doing is putting yourself in violation of the Uniformed Code of Military Justice (UCMJ) and California Code. As a shipmate, you need to look out for your friends' well-being. If you do contribute to the problem you will be held accountable for any consequences of that contribution. Everyone has a clear obligation and responsibility not only for themselves but for each other.

Again, I ask you, take ownership of who we are and what we stand for. This is your command.

### Listening Box

**Q:** Please fix the elevators.

**A:** At long last, the anxiously awaited elevator repair contract has been awarded. There will be some delay while the new contractor orders the necessary parts and equipment before actual construction will begin. The total project will take 24 months and will involve some inconveniences. Please be patient.

*S/ Rear Admiral William A. Buckendorf  
Commanding Officer*

### CHAMPUS UPDATE

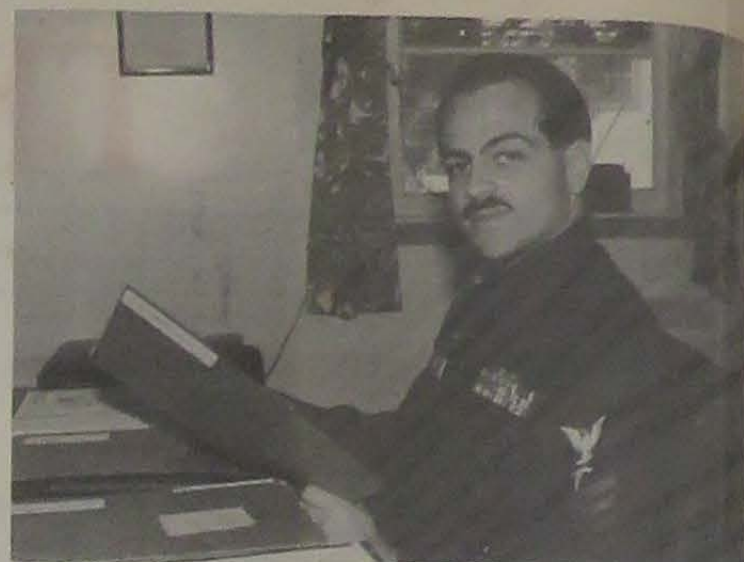
#### New system for outpatient care

Starting Oct. 1, 1991, an Outpatient Nonavailability Statement (ONAS) will be required for the following 14 procedures, whether performed on an institutional or noninstitutional basis.

- \* GYN Laparoscopy
- \* Cataract removal
- \* Upper GI Endoscopy
- \* Arthroscopy
- \* Dilation and Curettage
- \* Myingotomy or Tympanostomy
- \* Tonsillectomy or Adenoidectomy
- \* Cystoscopy
- \* Hernia Repair
- \* Nose Repair
- \* Ligation or Transection of Fallopian Tube
- \* Strabismus Repair
- \* Breast Mass or Tumor Excision
- \* Neuroplasty

The ONAS requirement applies to beneficiaries living in the Continental United States (CONUS), with the exception of Hawaii and Alaska. For further information regarding ONAS please call the Naval Hospital Oakland's CHAMPUS Department at (510) 633-5204 or your nearest CHAMPUS office.

### September Sailor of the Month



**HM1 Rafael Sanchez**, who was the September Sailor of the Month for Naval Hospital Oakland (NHO), sits at his desk reading patient records. HM1 Sanchez works in the Family Practice Center at Branch Medical Clinic, Treasure Island as the leading petty officer and military liaison for the patients. He was nominated for the award for his, "true professionalism...[ while performing his job with self-motivation, individual accomplishment and team contribution.]" Bravo Zulu for his job "well done," not only for NHO but for the U.S. Navy as well.

### Happy 3rd Anniversary

#### Naval School of Health Science



Lieutenant Commander Jeanette Lynch, NC, and Hospitalman Calvin Robinson cut the ceremonial cake that highlighted the third anniversary of the founding of the Naval School of Health Sciences (NSHS) San Diego Detachment at a picnic on Oct. 1, 1991. Reporting directly to the NSHS commanding officer in San Diego, the Detachment provides instruction in Preventive Medicine. It also includes Operating Room, Basic X-Ray, Phase II Clinical Nuclear Medicine and Physical Therapy Schools. NSHS San Diego has been a tenant command of Naval Hospital Oakland (NHO) since 1988. Before that date, the individual schools had been part of NHO since 1950; however, the Detachment receives services from the hospital, as agreed upon under the terms of a support agreement. For example, the Operating Room and X-Ray Technician students learn their trade on the job at the hospital. LCDR Lynch is the Detachment's academic director, while Robinson is its youngest student. CDR Thea Bratton, who serves as the Detachment's officer in charge, was on leave at the time of the celebration. (Official US Navy photo by SN Wael Issa)

#### Red Rover

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#### Commanding Officer

Rear Admiral William A. Buckendorf

#### Executive Officer

Captain Noel A. Hyde

#### Public Affairs Officer

Paul W. Savercool

#### Assistant Public Affairs Officer

JO1 Kay Lorentz

#### Editor

Andree Marechal-Workman

#### Editorial Assistants

JO2 Stephen R. Brown

JOSA Kyna S. Kirkpatrick



## Civilian News

### Health insurance update

By Andree Marechal-Workman

Health insurance premiums will rise an average 8 percent Jan. 1, according to the Office of Personnel Management.

"Companies of the Federal Employees Health Benefits Plan also will be required to offer certain coverage for the first time," wrote Rita Zeidner in the Sept. 23rd issue of *Federal Times*.

At the same time, Zeidner continued, enrollees will be guaranteed:

- \* Lifetime minimum coverage of \$50,000 for treatment of mental conditions;

- \* Coverage of smoking cessation programs;

- \* Coverage of breast cancer screenings.

All of this means that now is a good time for federal employees to think long and hard about the type of health coverage they're selecting, and decide whether or not they want to remain with their current health care provider or change to another.

"Federal employees will be able to make changes in their coverage during the open season between Nov. 12 and Dec. 9, 1991," said Sydney Santos, Civilian Personnel Department's health benefit administrator, adding that this year's annual health fair has been scheduled for Nov. 20 in the main dining room, on the third deck of Building 500, from 2 to 3 p.m. Representatives from the various health plans will be available to answer specific questions about their health plan.

"Under open season regulations," she explained, "eligible employees who are not currently registered may enroll, and enrolled employees may change from one plan or option to another." She also said that the latter can switch from self to self and family or any combination of these.

Open season literature will be made through administrative offices prior to Nov. 12, and Santos added that she'd like to encourage the command civilians to review plans in which they might be interested before they go to the fair. "They can go to the Civilian Personnel Office," she said, "and get the new brochures on various health care plans available. This way, they can do their homework and look at comparison charts; then they will know what to ask, and they can get answers on which to base a decision from the fair participants."

The open season literature includes: 1992 Enrollment Information Guide and Plan Comparison Chart (RI 70-1) and brochures covering the various health care plans. "Those employees currently enrolled in a health plan should receive the 1992 brochures directly," Santos clarified.

"After examining the comparison chart included in RI 70-1, employees who decide they are interested in enrolling in, or changing, to a particular plan should consult the brochure of the plan they selected for a complete description of benefits," continued Santos. "However, because they are in short supply, the brochures should be returned to Civilian Personnel after they've served their purpose."

Santos added that employees who wish to enroll or change their enrollment must complete the Health Benefits Registration Form, SF-2809, they can find in the Civilian Personnel Department, Building 73B. The form must be completed and submitted to that office prior to the close of business on the last day of the open season.

"However we ask the employees' assistance in making desired changes as early as possible in the season," Santos said. "New enrollments and changes in current enrollments elected during the open season will become effective Jan. 12, 1992." She also advised employees to keep the brochure for the plan in which they decide to enroll, and said she can be contacted at 633-6374 for additional information.

## Students honored by Navy-San Francisco

COMNAVBASE SAN FRANCISCO, T.I. — Rear Admiral Merrill W. Ruck, Mayor Art Agnos and Joe Ervin, Chairman of the San Francisco Fleet Week 1991 Committee, honored elementary and middle school children during Youth Excellence Day, Friday, Oct. 11.

During the celebration held at the San Francisco Maritime National Historical Park (Aquatic Park), 5,000 children from eight different school districts were entertained by local radio personality Don Blue, inspired by Navy speakers and local political leaders, and participated in an awards ceremony. Awards were given to winners of the Fleet Week poetry contest. Students in the first through eighth grades were invited to write a poem describing their hopes and ideas for peace in the world. This year's theme was "My Dream For World Peace."

Winners were awarded Fleet Week medals and Certificates of Recognition. Additionally, they received a \$100 savings account from Bank of America.

This was the fourth annual Fleet Week Youth Excellence Day. Additional entertainment included a four-man parachute jump team, aerial demonstrations by the Navy's Blue Angels and Marine Corps AV-8B Harrier as well as other performers.

## MCPON continued from page 1

added, is a Cost of Living Allowance (COLA) for the Continental United States (CONUS) as well as "sexual responsibility ... what we really have to talk about is what it costs to raise children; that having children is not a game."

His final issue of senior leadership centered around the length of tours, with the Master Chief Petty Officer of the Navy advocating three to five years maximum as "a good rotation rate."

Reiterating his caution that there's no turning back once a sailor quits the Navy, he advised: "If you do get out, I strongly recommend that you go into the reserves."



Master Chief Petty Officer of the Navy Duane R. Bushey speaks to NHO enlisted staff at Club Knoll during his visit recently. (Official U.S. Navy photo by HM2 James Sandridge)

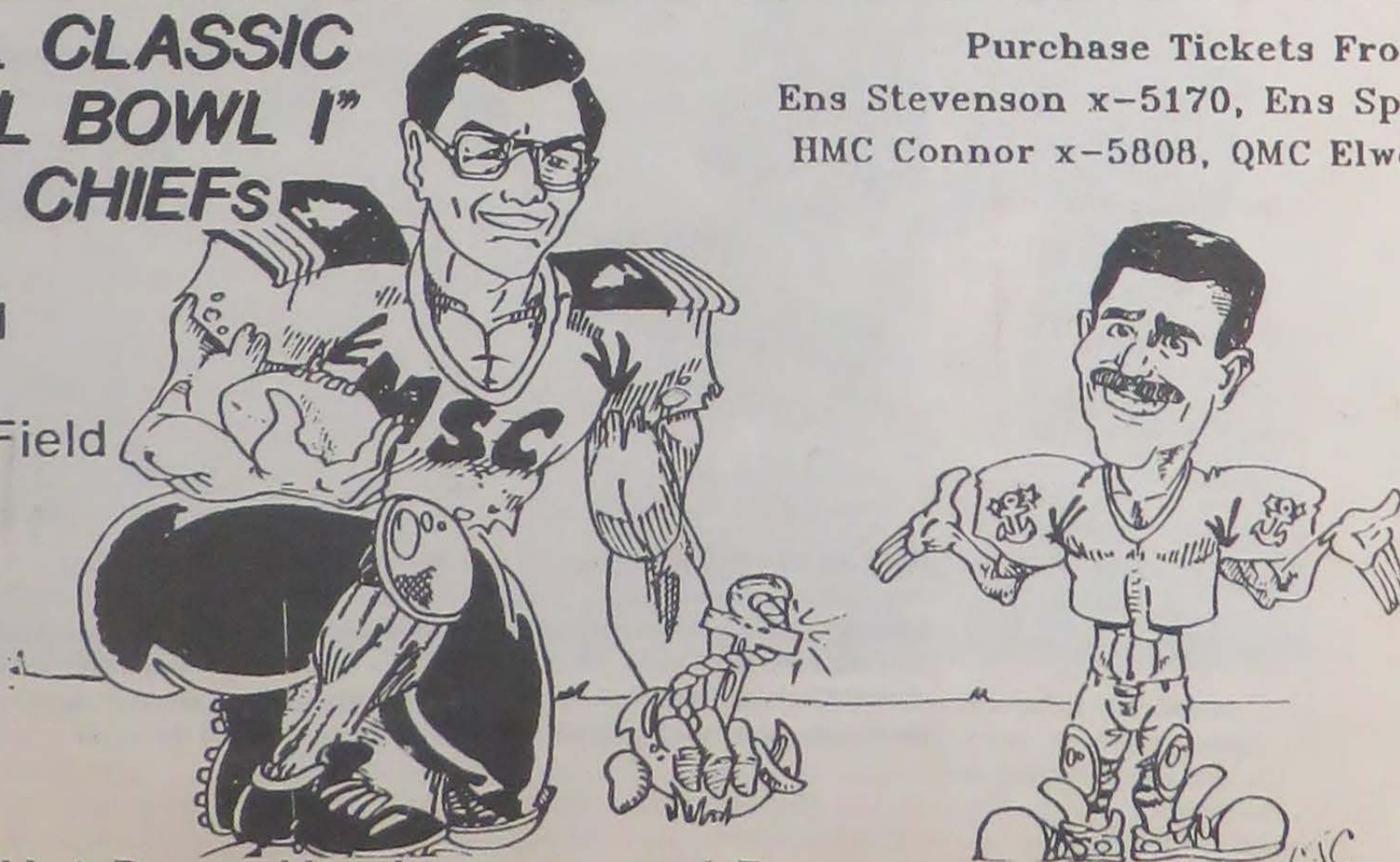
## NHO'S FALL CLASSIC "OAK KNOLL BOWL I" MSCs VS CHIEFS

Friday, 18 Oct 91

1400

NHO's Softball Field

tickets: \$2.00



Hot Dogs, Hamburgers, and Beverages will be sold

ALL PROCEEDS WILL BENEFIT 1991 COMBINED FEDERAL CAMPAIGN



Purchase Tickets From:  
Ens Stevenson x-5170, Ens Spratt x-4935  
HMC Connor x-5808, QMC Elwood x-4528



## CFC campaign 1991 — Sept. 30 - Nov. 1

# “With malice toward no

### From page 1

with a variety of issues... environmental, medical related, social, etc. Donations can be directed to a specific agency, or agencies, or they can be undesignated gifts.

Perhaps the easiest method for making donations is through payroll deduction. Payroll deduction allows you to budget your gift. It also helps the individual charitable agencies, for they do incur costs processing individual checks, whereas through payroll deduction they receive one check each month that represents the gifts of many donors combined.

As RADM Buckendorf pointed out during the kickoff ceremony, “remember in the real world, about thirty percent of Americans do not have access to medical care and this in a land of plenty. We seem to have a lot of folks out there who have not very much.”

How much you donate... whoever is the recipient of your gift... the method in which you choose to donate is not what is important. What is important is participating and helping someone less fortunate than yourself.



Children are our future. They are the constant reminders of the tomorrow we all face. But some children have less reason to look forward to the future of others. These kids grow up in an environment surrounded by drugs, violence and poverty. You can contribute money that will give them a place to grow up other than the streets. Your contribution through CFC makes possible food, medical supplies and counseling support for children in the Bay Area and around the world.

## The Con



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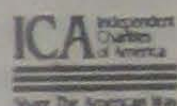
ne, with charity for all..."

## Battle Continues...



Our Contribution to the  
**Veterans of America  
Research Foundation**  
Federal Campaign (CFC) #0218

**Veterans of America**  
Eighteenth Street, N.W.  
W.E. 20006 • (202) 872-1300



At the Open Hand Food Bank, people with AIDS receive bags of groceries every week. When giving through CFC, you can designate your donation to help fight the AIDS epidemic. Contributing to research, prevention, counseling and care for those infected, you can help break the hold this terrible disease has on the world. CFC supports charitable agencies fighting disease everywhere. Make the choice to make a difference.



When traffic helicopter pilots spotted Humphrey, the wayward humpback whale, stranded in the shallow waters of San Francisco Bay, they called the Marine Mammal Center for help. Volunteer rescue crews and medical experts were there within an hour. By contributing to one of the hundreds of agencies in this year's CFC, you can support the cause of your choice and have the opportunity to make a difference in a variety of lives. The charities in this year's CFC rely on people like you to continue the important work they do and allow them to be there when emergencies occur all around the Bay Area.



# Naval Hospital Oakland

## Hispanic American Heritage Month

### Up-Close

**Department:** Mailroom.

**Your job:** Leading petty officer and supervisor of mail operations for NHO, incoming and outgoing mail — official and personal.

**Marital status:** Divorced.

**Children and ages:** Bonnie Mae, 10; Tabetha Maria, 15.

**Hometown:** San Juan Bautista, CA.

**Likes:** Peaceful world and friendly people.

**Dislikes:** Inexperience.

**What is the most challenging part of your job?:** To develop a creative understanding between the Mailroom personnel and our customers (patrons).

**What is your immediate goal?:** Streamline the mail operations for the hospital.

**What is your long-term goal?:** To work on my evaluation further.

**If I could do it all over again, I'd:** Work on my education further.

**I wish I could stop:** The hurt of the children in the world - kids need love and help.

**I respect myself for:** My understanding that other people's problems are worse than mine.

**Role models/heroes:** Oscar Madison and General Norman Schwarzkopf.

**Special comment about Hispanic-American heritage:** The world has opened up its heart to all, but the Hispanic-Americans still have to prove themselves every step of the way. Doors are open and the clock is running, it's time for everyone to get ahead and stop waiting for things to be handed to them.



PC1 Robert M. Medina

**Department:** Physical Therapy.

**Your job:** Treat and advise patients on physical therapy procedures and programs.

**Marital status:** Married.

**Spouse:** Elena Huizar.

**Children and ages:** Timothy, 3 weeks.

**Hometown:** Phoenix, AZ.

**Hobbies:** Participating in all sporting activities.

**Likes:** My co-workers because they are all very good at their jobs.

**Dislikes:** Field day on Thursday afternoon and duties.

**What is the most challenging part of your job?:** Having patience and tolerance with day-to-day patient relations.

**What is your immediate goal?:** Becoming a certified physical therapy assistant in California.

**What is your long-term goal?:** Finish my education.

**If I could do it all over again, I'd:** Have never dropped out of college.

**I wish I could stop:** Violence and pollution.

**I respect myself for:** Being a role model to minorities, as well as others. Also, stressing education because no one can take it away.

**Role models/heroes:** My father.

**Special comment about Hispanic-American heritage:** I hope that Hispanic-Americans will be the largest ethnic group by the year 2010.



HM3 Timothy E. Huizar

**Department:** Civilian Personnel.

**Your job:** Conducting initial orientation sessions for new hires, and process personnel actions such as promotions, separations, reassignments, etc.

**Marital status:** Married.

**Spouse:** Jose S. Romero

**Hometown:** El Paso, TX.

**Hobbies:** Exercising, aerobics and dancing.

**Likes:** Going to the theater and family gatherings.

**Dislikes:** Reckless driving.

**What is the most challenging part of your job?:** Conducting orientation sessions. This is also the most enjoyable because it gives me the chance to meet new people.

**What is your immediate goal?:** To obtain an associate of arts' degree.

**What is your long-term goal?:** After obtaining an associate's degree, going for a bachelor of arts' degree.

**If I could do it all over again, I'd:** Do everything the same way; I couldn't ask for more.

**I wish I could stop:** Homelessness, hunger and racism.

**I respect myself for:** Being the responsible person I try to be.

**Role models/heroes:** My mother and my husband who have given me all the support in life.

**Special comment about Hispanic-American heritage:** It is important that parents convey to their children information about their heritage (historical, cultural), so that the children don't lose touch with their origin.



Blanca Romero

## From the Chaplain



### God knows best

By CDR Richard M. Mattie, CHC, USN

Jewish tradition is filled with practical stories which bring understanding to the every day events of our lives. I would like to share with you one such story.

Rabbi Asher.

He lived in Europe in medieval times.

During that period in history, hordes of barbarians roamed Europe. They attacked caravans, And sometimes they attacked whole villages.

One day, Rabbi Asher had to make a long journey, traveling by himself. He knew it would be dangerous, but he had no choice. So he set out, taking with him only three things: a rooster, a donkey and a small oil lamp.

The rabbi took the rooster to wake him up each morning because he was a notoriously heavy sleeper. He took the donkey because the roads were bad and he might fall, hurt himself and need the donkey to carry him. Finally, he took the oil lamp so that he could read the Bible each night before he retired.

One evening the rabbi came to a village, hoping to stay there for the night. But the villagers were suspicious of him and drove him away. The rabbi didn't become angry. He simply said to himself, "God knows best; he always has his reasons."

And so the rabbi camped out under the stars near a stream outside the village. There he lit his lamp to read his Bible before retiring. But the wind kept blowing out the lamp. The rabbi finally gave up and said to himself, "God knows best; he always has his reasons."

About midnight the rabbi woke with a start. He discovered that a thief had stolen his donkey. He also discovered that a wild animal had killed his rooster. That rabbi did not grow angry. He simply said to himself, "God knows best; he always has his reasons."

The next day the rabbi learned that during the night a band of barbarians had attacked the village, killed the villagers and taken their cattle and valuables. Had the rabbi stayed in the village, the barbarians would have killed him too.

The rabbi also learned that the barbarians had come to the stream looking for travelers. Had they seen him reading by his lamp or heard his rooster crow or his donkey bray, they would have killed him and taken what little he had.

That night when the rabbi knelt to say his prayers, he looked up to heaven and said, "Lord you know best; you always have your reasons."



# For your health

## Eating to lower your cancer risk

By ENS Susan Dunaway, MSC, USN

Good nutrition has always been essential to good health. It is widely recognized that diets play an important role in both the development and prevention of serious diseases, including cancer.

Many reports concerning nutrition and cancer can be confusing: Which foods should be eaten? Which foods should be avoided? The best recipe for health is simple — a well-balanced diet with everything in moderation.

**...The key to reducing your risk for cancer is to eat a variety of foods in moderation...**

Lowering your risk for cancer is as easy as following these guidelines.

Eat a wide variety of foods. Choose foods from each of the four food groups with particular attention to fruits, veg-

etables and whole grains. Dark green and yellow vegetables and fruits such as carrots, spinach, sweet potatoes and peaches are good sources of vitamin A. Grapefruits, oranges and strawberries are good sources of vitamin C. These foods may help lower the risk for cancer of the larynx, esophagus and lungs.

Whole-grain bread products and cereals, fresh fruits and vegetables are high in dietary fiber. An increase of fiber in the diet may reduce the risk of colon cancer.

Reduce intake of all types of fats. Most Americans eat over 40 percent of their calories in the form of fat each day. This amount should be reduced to 30 percent or less. Many people have decreased their consumption of saturated fats to reduce cholesterol levels. This may reduce the risk of heart disease, but a reduction in total fat may reduce risk of both heart disease and cancer.



Eat in moderation salt-cured, smoked and charcoal broiled foods. In some areas of the U.S., where these foods are consumed frequently, there is a higher incidence of cancer of the esophagus and stomach.

If you drink alcohol, keep consumption moderate. Extensive use of alcohol, especially when combined with cigarette smoking, may increase risk of mouth, esophagus and larynx cancer. Excessive consumption of alcohol may also be a factor in the development of liver cancer and liver disease.

Remember, no one food will cause or prevent cancer. The key to reducing your risk for cancer is to eat a variety of foods in moderation.

## Safety Corner

### Assignment of Department Clinic Occupational Safety and Health representatives



**Robert Woodford**  
Occupational Safety and  
Health Manager

The Safety Department serves as staff advisor to the commanding officer on all Navy Occupational Safety and Health (NAVOSH) matters. The commanding officer relies on the support of department/clinic (line) management for enforcement and supervision of the NAVOSH program in the workplace.

To assist the commanding officer and Safety Department in meeting the requirements

of Chief of Naval Operations Instruction 5100.23B, officers-in-charge/department heads assign a departmental staff member as the workplace Occupational Safety and Health (OSH) representative.

**The Safety Department trains and assists assigned OSH representatives to perform their duties through periodic training sessions.**

**Duties of the OSH Representative typically include:**

- \* To coordinate identification and resolution of NAVOSH workplace deficiencies within the department/clinic.

- \* To provide some NAVOSH training to department/clinic staff.

- \* To conduct periodic

workplace safety inspections.

- \* To maintain department/clinic OSH records (including training records, inspection results, etc.) for five years from date of event.

- \* To Attend periodic OSH representatives meetings.

- \* To keep department heads/OIC routinely advised of NAVOSH-related matters relevant to their workspace.

- \* To maintain safety awareness of department/clinic staff by periodic training, hand-outs and similar means.

The Safety Department trains and assists assigned OSH representatives to perform their duties through periodic training sessions.

**The minimum requirements for assignment as OSH representative include:**

- \* Military: Petty Officer Second Class or higher

- \* Civilian: GS-7 or higher

- \* At least one year remaining in department/clinic assignment.

## OAK KNOLL NEWS



### Wellness Department

Learn how to manage your stress through stress management. This will help you reduce your chance of having a heart attack or stroke. With a combination of exercise, and work on your favorite hobby, your cardiac risk will diminish greatly. In addition, talking with someone you feel comfortable with about your worries, a proper diet and a reduction in your caffeine and nicotine intake will not only reduce your stress level, but will also help you to live a happier, healthier, longer life. For more information, contact the NHO Wellness Department at extension 633-8856. We'll be happy to assist you in any way we can.

### Staff Health Records

A recent audit of staff health records revealed that a large number of military staff are maintaining their own health records. Chapter 16 of Manual of Medical Department and Naval Medical Command Instruction 6150.1 states that health records are government property and must remain in custody of an organized military treatment facility. Secretary of the Navy Instruction 5212.5C states that personnel maintenance of their own health records is **absolutely prohibited**. The Health Record Section is currently conducting an annual verification, and missing records are hindering the verification process in preparation for the upcoming Inspector General inspection. If you are holding your health records, please return them to Staff Health Records located on the second deck of the hospital. Point of contact for further information is HM1 Edward Gray at 633-6533.

### Southwest Asia Service Medal (SASM)/ Marine Force Combat Operations Insignia

Commanding officers are authorized to award the SASM. A bronze star shall be worn on the suspension and service ribbon of the SASM for participation in each campaign period. The first campaign period is designated as the defense of Saudi Arabia with corresponding dates of Aug. 2, 1990 through Jan. 16, 1991. The second and final campaign is designated liberation and defense of Kuwait from Jan. 17, 1991 to the date of a presidential proclamation terminating the Persian Gulf Conflict. Eligibility for the SASM without campaign stars will continue after the presidential proclamation until the last combat forces participating in a security role (as defined by the director, Joint Staff) leave the theater of operations.

### Navy Unit Commendation (NUC) Ribbon

The secretary of the Navy recently approved the NUC for Military Sealift Command in recognition of outstanding service during Operation Desert Shield/Storm. All active-duty military, reservists and civilians serving onboard the USNS Mercy (T-AH 19) or any unit listed in a message from the commander, Military Sealift Command Washington, D.C., dated Sept. 23, at any time during the period Aug. 7, 1990 - March 9, 1991 are authorized to wear the NUC. Point of contact for further information is HM2 Sandra Gaines at Manpower Management Department, Building 73A, at 633-6495.



## Computer Tips

*Is your computer too slow?*

By LT Jim Mitchell, MSC, USN  
Head, Management Information Division

Are you tired of waiting for your old Zenith 248 to finish saving that document, sorting those files or finishing that calculation? If you are, we have a solution for you. As you know there are over 400,000 Z-248 microcomputers serving the Department of Defense (DoD). They are the backbone of the DoD desktop computing and with good reason. They are reasonably priced and fairly powerful when they first came out.

Many people are still satisfied with the speed and performance of the Z-248, but for those who have increased needs with a limited budget, there is an answer. For those of you with increased needs please, don't despair and please don't throw that Z-248 out the window. The new Government Technology Services Inc. (GTSI) COMPANION contract allows us to purchase 386 accelerator kits to turn your Z-248 into a 386 16MHz microcomputer with a math, memory upgrade boards and chips to go in them. The cost of this upgrade is minimal compared to the price of a new system.

If you have any questions in regards to this accelerator kit please contact Jim Brackman at 633-4564, in the Information Resource Center of the Management Information Department. We want to assist you in your computing needs in any way we can.



## FLEET WEEK 1991

**You Can Make it Happen! — A Celebration Well Deserved.**

Fleet Week, October 12-17, is a celebration for our sailors and for you. You can make it happen with your donation.



Join the Bay Area's largest annual celebration. Here's your opportunity to wave the flag and welcome home the troops.



**The Parade of Ships.** Welcome the fleet of warships October 12. The ships will be open for public boarding during the week.



**Day-in-the-Park.** Join in the day of fun which includes:

- Navy challenge games
- Concert in the park
- Food and drink

**Host-a-Sailor.** This is your opportunity to invite a sailor to a home-cooked meal, a visit in the Napa Valley, or a tour of the Bay Area.



**Join the 10K Fleet Week Run.** Begin at the Embarcadero, cross the Bay Bridge, and finish at Treasure Island. A boat ride back to the starting point is the perfect ending to the race.



**The Blue Angels.** Thrill to the exciting maneuvers and precision formations of the world's most daring pilots. See the famous Blue Angel Stack as 6 jets converge within feet of each other.

**DO YOUR PART TO MAKE THE BIG CELEBRATION HAPPEN — CALL 1-900-844-0844.**

With your call, you donate \$5.00 to the Fleet Week Celebration. And, you can get a complete schedule of events and information. **WIN FREE TICKETS.** You will also have a chance to win two tickets to the Navy Ball and V.I.P. spots on the official reviewing vessel.

900 service provided by Accelerated Voice Service. You can also enter this drawing for the Fleet Week V.I.P. and Navy Ball tickets by sending your name and address to Fleet Week '91, 555 California Street, Dept. #3070, San Francisco, CA 94104.

## Calendar events for October at T.I. Family Service Center

**American Red Cross.** An American Red Cross babysitter's course for ages 11 and above is scheduled for Oct. 28 - Nov. 2, taught by certified American Red Cross instructor Dolores Krause. The 12-hour course fee is \$5 per student, who must attend all 12 hours in order to be certified. Course limit is 20 students, who must be pre-paid and pre-registered. For more information call 395-5176.

**Flea Market.** A flea market to benefit the Thanksgiving and Christmas holidays' baskets will be held on Saturday, Oct. 19, 10 a.m. - 2 p.m. Cost per space is \$8 and must be paid upon registration. Space reservations can be made at NFSC, Monday through Friday, 8 a.m. - 4 p.m. For further information call 395-5176.

**Department of Motor Vehicles.** The California DMV will be at the Treasure Island NFSC, Building 257, on Saturday, Oct. 19, 10 a.m.-12 p.m. They will provide information, forms, booklets and answers to any questions concerning licensing and registration for both vehicles and drivers in the State of California.

**Officers Note.** A six-hour Military Officers Approaching Retirement (MOAR) will be held Oct. 26 starting at 8:15 a.m. at the Nimitz Center. The session is conducted by retired officers to assist in the transition from military to civilian life. Resumes, networking, interviewing skills and other topics will be discussed. Cost is \$65 and pre-payment and pre-registration is required. Call 521-2730 to register.

**Self Help and Resource Exchange (SHARE).** This is a food co-op program which provides wholesome, well-balanced food packages at the minimal cost of \$13.25 plus two hours of volunteer service. This is a monthly program open to everyone, with no income restrictions. The registration deadline is Oct. 13. Distribution day is Oct. 26, 7 to 9 a.m. Register at NFSC. For evenings and weekends, call Rose, 989-0211 or Avner, 296-9508.

## MWR News

**Attention all hands:** Volleyball and basketball players should start forming their teams for the beginning of the season early in November.

### Swimming pool:

Water sports (basketball and volleyball) will be held from 1 - 8:30 p.m. Also water exercise class daily from 3 - 5 p.m. For more information call Al White at 633-6365.

### Tickets and Tours:

The Tickets and Tours officer has discount tickets to save you money and time from standing in long waiting lines.

### Attention all campers:

Just a reminder that if you're going camping we've got just what you need. For more information call 633-6016/4516 or stop by Tickets and Tours, Gear issue, in Building 38, located above the Navy Exchange.

**Softball season comes to an end:** The Pharmacy team defeated Medical Repair 11-4 in the final game of the season, leaving them the champions for this year. The Pharmacy's record was 10-1, giving them their second consecutive championship title in the Intramural Softball League. Congratulations to Pharmacy and to their fearless leader/coach, HM2 Brian Hillerman!!

## Thousands are still in Gulf

The parades, dinners, parties and many other celebrations for returning Desert Shield/Storm troops have ended, and we've turned our attention to other concerns. We can understand and appreciate that response. However, there are still thousands of troops in the Persian Gulf area who would appreciate letters from people back home.

Please write to them. They need to know that they are remembered. The address is simple:

Any Service Member  
Operation Desert Storm  
APO New York 09848-0006

Your letter showing concern and interest can be a gift of hope and inspiration to the lonely and the homesick.

**SUPPORT OUR TROOPS!!**





The Navy's First Commissioned Hospital Ship

# The Red Rover



Volume 3-Number 14

Naval Hospital Oakland, California 94627-5000

November 1, 1991

## Navy helps Bay Area fight fires

TREASURE ISLAND, CA — As the firestorm raged through the Oakland and Berkeley hills, the Navy in the San Francisco Bay Area rallied to support the stretched resources of the fire fighters gathered to combat the conflagration.

The fire, which started Sunday, Oct. 20, raced unchecked through the night and most of Monday, consuming 1,800 acres of woods and residences. Fire fighters from 22 counties responded to the fire, the biggest to hit the Bay Area in years.

Naval Air Station Alameda volunteered their base gymna-

sium as a command post/respite for over 1,000 fire fighters on the line. At the command post, the California Department of Forestry, California Department of Transportation (CALTRANS) and the Highway Patrol coordinated their efforts to put out the fire. By noon on Monday, the fire fighters found a hot meal, a shower and a place to rest at NAS Alameda between assaults on the blaze. Alameda also made 1,000 box lunches for fire fighters and volunteers Sunday night.

Shore-based commands around the Bay provided equip-

ment and volunteers. HM-19 and HS-85 air squadrons at NAS Alameda provided helicopters for rescue efforts, equipment delivery and fire mapping. Area

**...NHO personnel provided a fire truck, two fire fighters and emergency standby crews...**

commands, including NAS Alameda, Public Works Center, Naval Supply Center Oakland, Naval Station Treasure Island, Naval Hospital Oakland and

NAS Moffett Field provided fire trucks, fuel, portable lighting, utility trucks and over 50 volunteers for the fire fighting effort.

Naval Hospital Oakland (NHO) personnel provided a fire truck, two fire fighters and emergency room standby crews, according to Lieutenant Junior Grade Nancy Franze, head of Mobilization and Planning. The hospital also made 38 beds available for fire victims and provided a triage nurse at the Berkeley collection station. Corpsmen assisted the Red Cross in providing damage estimates in the burned areas. "Along with

the personnel we provided, we also supplied 14 cases of sterile saline irrigation solution to the Oakland Emergency Preparedness Office," said Franze.

USS Samuel Gompers, USS Wichita and USS Mauna Kea donated over 500 box lunches to the evacuees and fire fighters. USS Kansas City's chaplain worked as a counselor for the evacuees, and a second class petty officer volunteered to evacuate animals to animal shelters. USS Texas volunteers worked with the Red Cross, helped fire fight fires and worked with a medical unit.



Healthcare staffer Cheryl McGhee, RN weighs an apprehensive patient, Andrew Colins. (Official U.S. Navy photo by HM2 Cynthia Malone)

### NHO Pediatrics

## Back on track

By Andree Marechal-Workman

Bay Area military children may have found it difficult to find care at Naval Hospital Oakland's (NHO) Pediatric Department these past few months, but their parents should take heart. With the

addition of four civilian-trained pediatricians, the Department is happy to report the staff is now more than ready, willing and able to see all the patients who come their way.

"Since April [1991], we have worked very hard to rebuild the Department which is now better than ever," said Commander James J. Burns, MC, head of the Pediatric Department, "and we're happy to report that service has improved considerably."

According to CDR Burns, in April 1991, the Department's medical staff was reduced from 26 to 11 pediatricians when the residency program was terminated at NHO, and this led many beneficiaries to seek health care elsewhere. "There were cut backs at the time," he recalled, adding that, later, when the Department of Defense (DoD) took NHO off the base closure list, the Bureau of Medicine and Surgery (BUMED) allowed hiring of civilian physicians to fill the gap.

"As a result," the commander emphasized, "our entire staff now consists of Medical Board-certified and Board-eligible pediatricians."

In a nutshell, all of this translates into the following improvements:

\* In the Pediatric Clinic, four civilian trained general pediatricians — Drs. Rachel Malina, Jack Percelay, Steve Campo and Louis Girling — joined their Navy counterparts, Medical Corps LCDR Laura Prager, LCDR Jennifer

**Continued on page 3**

### Why give to CFC?



HM2 Kymyvette Jackson and daughter Stephanie. (Official U.S. Navy photo by HM2 James K. Sandridge)

**See story page 4**

**INSIDE**

- Disabled Awareness.....2
- Onward with TQL.....3
- CFC Football.....4
- For your health.....7
- BMC Moffett news.....8

### Red Cross Volunteer Recognition Day

Naval Hospital Oakland's Commanding Officer, Rear Admiral William Buckendorf designated Nov. 6 as Red Cross Volunteer Recognition Day. Our volunteers have devoted untold hours to support the health and welfare of our patients and staff. Their dedication and support is vital to the fulfillment of our mission. In recognition of



American Red Cross volunteers were on hand June 22 to greet military dependents who the devastation of the Philippine volcano eruption (Official U.S. Navy photo by A. Marechal-Workman)

their outstanding record, the following program has been scheduled for Nov. 6:

\* Starting at 11 a.m. a special program with keynote address by RADM Buckendorf, followed with awards' presentations and entertainment.

\* A donation-subsidized special luncheon in the hospital dining room, starting at 12:15 p.m., during which a decorated recognition cake will be pre-

sented to the volunteers.

According to CDR Ernest Ghent, MSC, head of Patient Administration, approximately 80 volunteers are expected for the luncheon in the hospital dining room, and he is hopeful that donations of \$1.90 each will be made to finance their lunch.

CDR Ghent said that individuals who wish to make a donation of \$1.90 can do so by "adopting a volunteer." By

**Continued on page 8**



# Perspectives

## Navy birthday message from Commander, CINCPACFLT



Navy aviator "recruiter" gets a headstart during Fleet Week (Official U.S. Navy photo by JO2 James T. Berry)

### Admiral Kelly speaks to Pacific Fleet

PEARL HARBOR, Hawaii — As we celebrate the Navy's 216 birthday, we do so looking back at a year which was one of the most important in our history. The year began in *Operation Desert Shield*, with the Navy involved in the largest, best sustained and most successful maritime interdiction operation ever undertaken. In January, the first shots of *Desert Storm* were Tomahawk cruise missiles launched from ships in the Red Sea and Persian Gulf. By late February, the largest naval force assembled since WWII had participated in the execution of one of history's most decisive military victories. In April, sailors and Marines of Pacific Fleet rendered aid to the survivors of a catastrophic typhoon in Bangladesh and in June we evacuated over 18,000 victims of Mount Pinatubo. As we end the year, Navy ships remain on station throughout the world — protecting a peace won through your hard work and sacrifices.

The promise of real and lasting peace is stronger than at any other time in this century. One of the primary reasons is the unparalleled dedication and professionalism of the American sailor and Marine. You contained communism, shored up new democracies and are the foundation of a bright new future.

Though the changing world is full of hope and promises, the United States will continue to depend on the Navy-Marine Corps team to protect its vital global interests. As we move boldly into the future, the men and women of the Pacific Fleet remain our greatest strength.

### Red Rover

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### Commanding Officer

Rear Admiral William A. Buckendorf

### Executive Officer

Captain Noel A. Hyde

### Public Affairs Officer

Paul W. Savercool

### Assistant Public Affairs Officer

JO1 Kay Lorentz

### Editor

Andree Marechal-Workman

### Editorial Assistants

JO2 Stephen R. Brown  
JOA Kyna S. Kirkpatrick

## NHO October Awards

### Civilian of the Quarter:

Oliver J. Johnson

### Sailor of the Month for September:

HM1 Raphael Sanchez

### Good Conduct: (First)

YN2 Daren Holt  
MS2 Jesse Jackson  
BM2 Daniel Loftus  
HM2 Derek McKechnie  
HM2 Babette Powell  
PN2 Marlon Tumbado  
HM2 Christine Wurst  
HM3 Stuart Allen  
HM3 Pricilla Baker  
HM3 Matthew Goldfinger  
HM3 David Hagemann  
SH3 Abby Metzger  
SH3 Mance Sloan  
HM3 Daniel Townsend  
HN Ricky Childers  
HN Cardell Green  
HN John Sandlin

### (Second)

PN1 Emmanuel Alforque  
HM2 Tony Landers  
HM2 Emmanuel Montenegro  
HM2 Frank Salazar

### (Third)

HM2 Kymyvette Jackson  
ABH1 Mark Logue  
MS1 Jimmie Pate  
HM2 Michael Adorno

### (Fourth)

HMC Robert Spindle  
DT1 Thomas Calimlim II  
EN1 Camilo Padua  
SHCM Rudolph Bowden  
HMC Robert Spindle

### Navy Achievement Medal: (First)

LT Jerry Gentry  
LT James Jackson  
LT Guy Rudin  
LTJG Jamie Wise  
MSC Alfredo Castillo  
HM1 Onofre Llanes  
HM1 Anita Sarmiento-Sison  
HM2 Mark Elliot  
HN Eduardo Apacible

### (Second)

LTJG Corey Bain

### (Third)

HMC Ruben Llagas

### Navy Commendation Medal:

CDR James Burns  
LT Christopher Kane  
LT Anne Krekelberg  
HMCS Leon Francisco, Jr.  
HMC Pamela Robson  
HM2 Micheal Pasley

### (Federal Employee of the Year Nominee)

LCDR Nancy Ericksen

## October is Disabled Awareness Month

In signing the Americans with Disabilities Act of 1990, President Bush welcomed all persons with disabilities into the mainstream of the nation's workforce. As a result of this legislation, many policies and initiatives were introduced to remove barriers that prevented people with disabilities from gaining access to programs and employment opportunities within the federal government. It also guaranteed career development opportunities for employees with disabilities.

The president has asked that we maximize our efforts to ensure that people with disabilities have the opportunities they deserve. He recommended that all agencies review programs, policies and practices to ensure that they are included in federal programs, that they are recruited as federal employees and that incentives for productivity are encouraged.

The president wants the federal government to be a model for the rest of the country to ensure that people with disabilities are afforded opportunities to become full participants in our society. Please share in this commitment.

Point of contact for additional information on the Handicap Program is Civilian Personnel at 633-6374.

## Civilian of the Quarter



**Oliver Johnson**, a civilian laboratory technician, who is the head of the Patient Care Team (blood drawing and distribution), was recently selected Civilian of the Quarter for July-September 1991. According to his nomination, Johnson was chosen for his leadership skills, maturity and professional competence. Johnson, who is a retired chief petty officer in the Navy, continues to display steadfast dedication to the Navy. In his job and as a supervisor he interacts with nurses, corpsmen and ward clerks, and has established excellent rapport with all. Johnson continues to set an admirable example for those he works with and has been the key figure in the Laboratory Department.

"I feel that Oliver Johnson's nomination was due to his outstanding performance and leadership during this period, and specifically because of how well he headed the Patient Care Team," said head of Ancillary Services Captain Donald Greenfield. Oliver Johnson is a true professional and is a great asset to the civilian working force at NHO as well as to the Navy. Congratulations Mr. Johnson on your nomination and a job well done!



# Onward with Total Quality Leadership

By J. OSN Kyna S. Kirkpatrick

Here at Naval Hospital Oakland (NHO), everyone has either read or heard about Total Quality Leadership (TQL) — the department heads who attend the training sessions or their staff who get the information from them.

"The major principles of the TQL philosophy are, first of all, that management and leadership are responsible for the mission of the organization and to the system that exists to accomplish that mission," said Quality Improvement Coordinator, Lieutenant Commander Carol Bohn. She added that to institute TQL at NHO, the commanding officer and upper management have begun taking courses to learn the aspects involved behind the philosophy.

Total Quality Leadership is basically a concept or a philosophy, but also involves a number of principles. "These principles are what form a concept that can help [us] find a way of doing business," said Bohn.

The TQL concept started with a man named W. Edward Deming, an engineer called to Japan after the war as a consultant

to help the country get back on track. "Japan's goal was to become the best provider of quality products in the world," stated Bohn.

"He never called his philosophy TQL, he called it 'Statistical Process Control,' ... Initially the Navy called it Total Quality Management (TQM)," explained Bohn. A couple of years later [the military] changed the title to Total Quality Leadership (TQL).

As with any philosophy, there are basic ideas behind the main concept. "Probably 90 percent of all problems that people have in a working environment are systems (work structures/organizations) over which the everyday worker has no control," explained Bohn. Therefore, management has a responsibility to give the support and resources for employees to get their job done.

Bohn said another basic TQL idea is that people want to do a good job. "If employees are given support and [adequate] resources, they are led to appreciate how critical they are to the mission, can look at their own processes (methods of accomplishing the job) and find opportunities to improve the product," said Bohn.

To explain the concept, Bohn used an analogy involving a car. If a manufacturer waits until the product is finished to inspect it, it will not be a successful sales item. If a defect is found when it is inspected, at this late point in time, there are only three options: Dispose of it, give it back to the worker to be fixed, or give it to the customer anyway. All three of these result in a monetary loss to the manufacturer. The last option could also result in the loss of future business from the customer.

Bohn gave some statistics from a quality improvement study that stated the following: It costs about a dollar to build quality into a product. It would cost \$10 to go back and fix it because that would mean starting all over. But, if a defective service or product gets to a customer, it costs \$100 dollars to replace it, and you will probably lose the customer. "So the idea is that by building quality into your product, you increase productivity and your chances of keeping the customer," she said. Bohn continued to explain that this concept is as applicable to service-oriented areas, like patient care, as it is to manufacturing.

Management in our country

has traditionally looked at products or services after the fact. "TQL teaches people that you have to build quality into the product itself," said Bohn.

**"People don't resist change; they resist being changed," she said. "If people are willing to work with a change then it will succeed."**

It will take time to institute TQL fully at NHO. "This is not something that will happen overnight because the military uses the old way of looking at things," said Bohn. They [also] tend to feel that if a product or service is defective, it is because people don't want to do a good job. "To bring about change, people have to be taught a whole new way of looking at things," added Bohn.

NHO's upper management have attended many seminars and courses that include: TQL Awareness, Two-day Team

Building Course, Strategic Planning Retreat, Team Leader/Facilitator Course and an Upper Management Course. "These executive people are the ones who decide what kinds of problems should be brought to a Process Action Team (PAT). The PAT team evaluates a problem and finds solutions to that problem.

Bohn added that PAT teams are made up of people who are part of the main functioning departments of the hospital. As Bohn put it, "everything goes through department lines that are major parts of the command."

In conclusion, Bohn said TQL will give everyone an opportunity to identify ways to improve their own work environment. "People don't resist change; they resist being changed," she said. "If people are willing to work with a change then it will succeed."

With a smile, Bohn stated that NHO management will know when TQL is on line and working when a visiting dignitary can walk around the hospital, walk up to any staff member and ask, "what is the mission of NHO?" And that person will be able to not only tell what our mission is, but also why he/she is important to that mission.

## NHO Supply Department

### SHARE distribution center

If you're tired of spending too much money on food and want to do something about it, SHARE can help you subsidize your monthly food bill.

Everyone qualifies for the program. Just two hours community service and \$13 cash or food stamps will provide you with 30 pounds of food worth between \$25 and \$35 of the kind listed below as an example:

- \* 1 lb carrots
- \* 1 box fruit and fiber cereal
- \* 5 apples
- \* 2 pkgs frozen vegetables
- \* 1 bag of kiwis
- \* 5 small pkgs yogurt raisins
- \* 6 oranges
- \* 3 lbs sweet potatoes
- \* 1 can pineapple

- \* 5 lbs chicken leg quarters
- \* 5 lbs potatoes
- \* 1.2 lbs cod fish fillets
- \* 2 lbs onions
- \* 1 lbs ground turkey
- \* 1 head cabbage
- \* 1 pkg deli meat

The next distribution day is Nov. 23, at the Supply Department, Building 505, during the period Oct. 28 - Nov. 22, with SK2 William McDaniel at 633-6340. Points of contact for further information are HM1 Lisa McManus at 633-5521 and HM1 Vicki Basham at 633-5075.

## Pediatrics cont'd from page 1



Dr. Burns (far left, back row) poses with staff personnel from the Pediatric Department. (Official U.S. Navy photo by HM2 Cynthia Malone)

Tucker and LT David Tam, as well as pediatric cardiologist, CDR Scott Balderston, MC, pediatric hematologist, CDR Kevin Shannon, MC, and pediatric infectious disease specialist, LCDR Robert Frenck, MC.

\* Two full-time physicians are staffing the Adolescent Medicine Clinic: Medical Corps CDR James Burns and CDR Rick Weisser.

\* Neonatal services are provided by Navy pediatricians, CDR Julian Keith, MC, and CDR Lee Harker, MC.

In addition, CDR Burns said

that a pediatrician is on call 24 hours a day, seven days a week for emergencies. He also said that more civilian pediatricians can be hired as the patient load increases.

"As staff level now stands," the head of the Pediatric Department said, "we can accommodate approximately 100 patients per day between 8:15 a.m. and 3:30 p.m." What's more, he stressed proudly, the Department provides good continuity of care because "mothers will now be able to choose one pediatrician and stay with that individual."

So it would seem that young

military dependents have to do to get the best care the Navy has to offer is have their parents call (510) 633-5650, between 7:30 a.m. and 4:30 p.m., for an appointment.

**(Editor's Note: Any suggestions on how the Pediatric Department can serve their patrons better should be addressed to James J. Burns, CDR, MC, USN, head, Department of Pediatrics, Naval Hospital Oakland, 8750 Mountain Blvd., Oakland, CA, 94627.**





MSCs get ready for the next big play

# CFC flag football game

*Text by LT James Jackson, MSC and JO1 Kay Lorentz*

*Photos by SN Wael Issa*

It was high noon plus two hours on Friday, Oct. 18, when the Medical Service Corps (MSC) officers and the Naval Hospital Oakland Chiefs took to the field in a flag football showdown for the Combined Federal Campaign (CFC). Unlike most showdowns, this one had a twist in that both sides were composed of the "good guys," and there would be no loser in this contest, regardless of what the scoreboard said.

The coin toss was called by Eric Delisle, son of HMC Karen and Mr. Edward Delisle. The family has been an avid supporter and vocal advocate of CFC for several years. The toss was ruled valid by NHO's Executive Officer, Captain Noel Hyde, who also served as honorary coach for the MSC team. The MSC won the toss and elected to receive.

Erline Oliver, from the Administrative Support Department, capably delivered the national anthem. Although the sound system temporarily failed part way through, Oliver, obviously a veteran performer, maintained her composure and finished it a cappella.

With a cry of "bursitis be damned!" the Chiefs took to the field to meet the MSCs. After two unsuccessful kick off attempts, the game got underway as HMC "Smokey" Lerma kicked off from the 12-yard line. The first touchdown of the game was scored by LT Greg Sterne, who made a spectacular diving catch to ignite the MSC attack.

As this "Battle of the Titans" wore on, it became apparent that the Chief's offense, led by the able HMCM Clifton Carter, could move the ball. But it also became apparent that the MSC "Doom's Day Defense," spearheaded by LT Tony Jackson, would bend but would not break.

Unfortunately for the Chief's fans, the final 45 to 0 score in favor of the MSC officers was a little difficult to handle. However, we should keep in mind that since the Chiefs are responsible for ensuring the smooth running of the U.S. Navy and keeping junior MSC officers in line during the work day, they were undoubtedly worn out by their Herculean efforts prior to taking the field. Hopefully, next year, they will be able to take a little time out from their heavy responsibilities to rest prior to the game.

The Chiefs pride themselves on the development of the junior enlisted members, and over the next three days, the flow of chiefs to the Emergency Room and the Primary Care Clinic gave many of the junior staff members excellent experience in the treatment of geriatric problems.

In the end, the real winners were the Combined Federal Campaign and all of the organizations it supports. A special thank you goes to the Chiefs, the MSCs and the many individuals who helped make this event a success and give a good time to all.

The game wouldn't have been possible without the time and effort devoted to the cause by a number of support personnel — the referees: Umpire, HM1 Michael McManus; line judge, PC1 Robert Medina; back judge, HM1 Carleton Sanders and side judges, HM1 Herbert Waltz and HN Terry Acker. The game was ably called by SN Mark Herrington from Command Education and Training.

Ensuring game patrons didn't suffer from a beverage and food deprivation was the job of the concessionaires. The stand was manned primarily by members of the NHO First Class Association, including HM1s Robert Richardson, Ronald Darnell, Dean Poole, Catharine Grushus and Fred Crowder. They were assisted by HMC Karen Delisle and her husband, Edward.

Of course, no game is complete without cheerleaders. Cheering the MSC officers were: LTs Glenda Fowler, Leslie Finley, Lea Beilman and Jennifer Abasolo; LTJG Katherine Starr and ENS Janet Olson. The Chiefs didn't lack for support. Their pep section included PNCM Betty McClyman (also honorary coach for the Chiefs), HMCs Suzanne Black, Jean McColley, Pamela Robeson and Nina Connor.



MSC cheerleaders root for their team



ENS Mark Stevenson goes back to pass as a Chief puts the heat on



# Naval Medical Administration Unit Monterey

Text by A. Marechal Workman  
Photos by HM2 James K. Sandridge

The Navy Medical Administration Unit's mission is to provide administrative support to active-duty Navy/Marine Corps personnel in the Monterey Bay, area and their dependents.

According to an article by JO1 Jayne Duri dated Feb. 22, 1990, "this support spans the whole range of military medical needs such as facilitating overseas and HIV screenings, processing emergency medical bills, handling immunizations, physical examinations and setting up appointments for medical boards [at Naval Hospital] Oakland (NHO).

"It [also] acts as liaison between the Navy and Marine Corps service-members stationed [in the Monterey area] and at local Army facilities, making sure that Navy standards and requirements are met and intervening whenever necessary."

probably do more of that with the retirees than with active-duty personnel," he said. "For instance, if our clients have problems at Fort Ord or with the PRIMUS Clinic, we can intercede and pursue those matters [to the customer's satisfaction]."

Because they are a very small facility manned by very few — 12 military members and one civilian — the Unit has a very busy schedule. "We could subdivide into three departments," Kite said. "Physical Exams, Medical Records and the Armed Forces Blood Bank located at Fort Ord."

This means that, out of the 13 staff members, four are on Temporary Auxilliary Duty at the Fort Ord Blood Bank.

"People think of the Monterey Clinic as a nice cushy job," mused HM1 Kite, "but we really do a lot of work." As an example, he cited NPS's "one step

before it existed," he explained. "For us, it's just a continuation of what we've always done...it's cooperation, team work, doing the best for your customers." And if it means cooperating

with other uniform services, the staff at Monterey's Naval Medical Administration Unit are all in its favor so long as it results in total customer satisfaction.



HM3 Alelo P. Lasam gives an immunization shot to SN Michael Driscoll of Naval Security Detachment



Army-run PRIMUS Clinic housing the Monterey Medical Administration Unit

"Occasionally, we get retirees," said Officer-in-Charge, Lieutenant Kimberly K. Pellek, MSC, underlining the "administrative only" phase of their mission. "The Army provides the patient care either at PRIMUS Clinic here, or at Silas B. Hayes Army Medical Center at Fort Ord."

Located on the Presidio of Monterey, a skip and a jump from the scenic Marina, the Aquarium and the many attractions designed to lure tourists to romantic Monterey Peninsula, the Naval Administration Unit has offices in the PRIMUS Clinic, a civilian enterprise overseen by the U.S. Army. Its sphere of activity includes Naval Postgraduate School (NPS), Naval Telecommunications Center, Personnel Support Activity Detachment, Marine Corps Detachment, Fleet Numerical Oceanographic Center, Naval Security Group Detachment, Naval Oceanography & Atmospheric Laboratory, NPS Branch Clinic and the Naval Reserve Center.

These various commands translate into about 2500 Navy/Marine Corps active-duty personnel, added the lieutenant, who specified that, with regards to the retiree population, the Unit's mission is "to refer them to the appropriate facility" — at Silas B. Hayes, the PRIMUS Clinic or NHO.

According to the Unit's leading petty officer, HM1 Kite, the medical administration facility also serves as a problem solving facilitator. "We

check-out, check-in" that usually involves between 200 and 300 students. "For us, that's an all-day thing," he said. "We pull everybody for it, leaving only one person in the building."

HM2 Melinda Fernandez reinforced the labor-intensive aspect of the Unit's mission with another example, this time flu shots. "We just did our first command yesterday — Naval Security Detachment," she said. "We got about 81% show rate, and it took the six corpsmen we have in the building, who gave 400 shots. That meant everyone being here in the morning prior to 7 a.m." — the usual clinic's opening hour.

According to the Unit's staff, working with other uniform services (Army, Air Force and Coast Guard) is "interesting, different, challenging" mainly because of the difference in interpretation — for instance, interpretation of fitness for duty or medical boards.

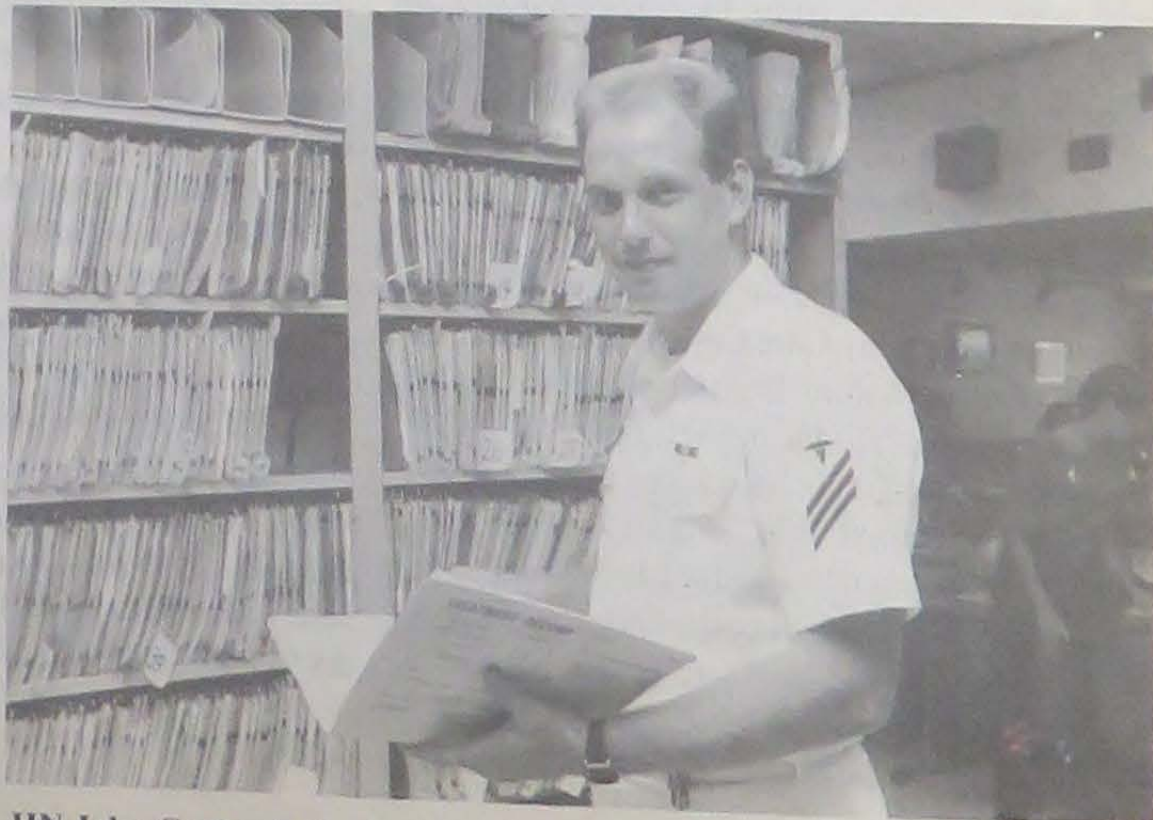
"It's different, but it's a very positive experience," specified LT Pellek, referring to the medical administration unit's cooperative efforts with Army personnel in the area. "They're part of our family, too, and this makes things easier with our customer service."

Customer service is the bottom line, added HM1 Kite, explaining that TQL/TQM has been a familiar concept for their staff ever since their facility started operation at the present site in December 1976.

"We were probably doing TQM/TQL



HM2 Bong Baladad studies a vial of blood at the Armed Forces Blood Bank



HN John Conley looks for information into a patient record



# Naval Hospital Oakland

## Why give to CFC?

### Up Close

Text by JO1 Kay Lorentz

Photos by HM2 James K. Sandridge

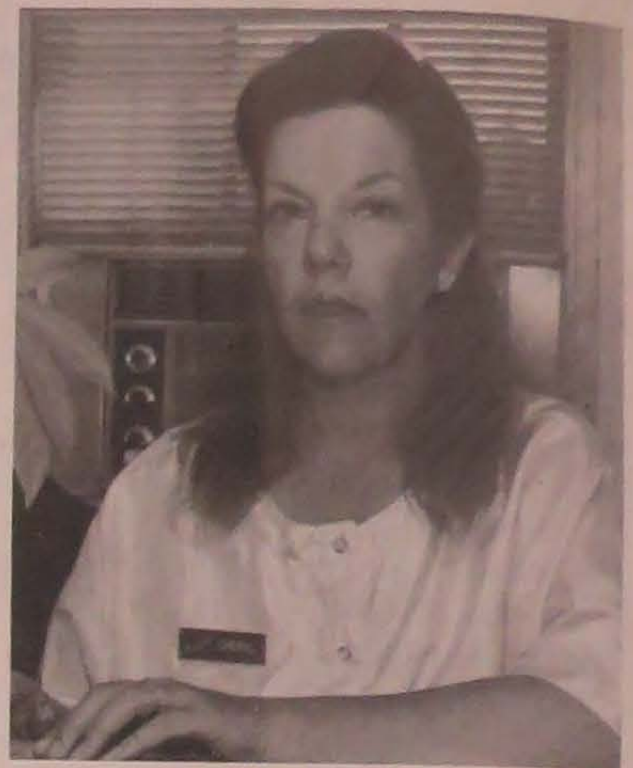
## Guardian Angels

In the early morning hours of July 24 of this year, Cheryl Bernardo's house was an arsonist's target. The family managed to escape without injury, including their animals, but when the fire was finally out, they had lost everything but the nightclothes they had been wearing when the fire broke out. What didn't burn was severely fire-damaged, mostly beyond repair. They were devastated.

The next day, an American Red Cross case worker started to work immediately on their case, and they were given lodging at a motel, vouchers for clothes and shoes from a department store as well as a food voucher from a grocery store.

The help didn't stop there. When they located a new place to live, the Red Cross helped with their first month's rent and security deposit and gave them vouchers for new beds, bedding and a chest of drawers.

As Cheryl Bernardo, a secretary at the Naval School of Health Sciences San Diego Detachment, put it: "The American Red Cross was a lifesaver... I can never find the words to describe how I feel about this organization of 'guardian angels.' As one of the recipient organizations on the CFC list this year, they deserve your donations. They definitely have mine."



Cheryl Bernardo

## From the heart

"My story is true. My story is painful. It comes from the heart so please bear with me. I'm not very polished at this and this is still very painful."

With those words, HM2 Michael R. Pasley, Naval Hospital Oakland's Emergency Room leading petty officer, went on to give his very poignant and stirring testimony in support of two agencies that helped him. HM2 Pasley may not be a professional speaker, but the words he spoke came from his heart and had a strong impact on his listeners.

On Oct. 25, 1985, his first child, Sean Michael, was born with a congenital heart anomaly. Sean wasn't expected to survive, but he lived on for six months after undergoing open heart surgery at both a military and a civilian hospital.

During their heart-breaking experience, the Pasleys were rescued by social workers who referred them to CFC-supported agencies. The first time was in Philadelphia, at the Ronald MacDonald House, where they were provided a place to relax

away from the hospital.

The second rescuer was the American Red Cross who, after Sean died, gave the couple money to pay for transportation to their native West Coast where they wanted their son to be buried. The money also paid for the burial.

HM2 Pasley summed up his feelings towards the Red Cross during the command's CFC kickoff ceremony when he said, "I didn't forget the Red Cross. All they asked was that, at times like this Combined Federal Campaign, I give a few dollars if I could afford it, and I can."

HM2 Pasley also provided insight into why our participation in CFC fund drives is so important when he said, "there's a perception in the military community that the CFC does not really do much for military servicemembers. In my case, I can attest unequivocally that the Ronald MacDonald House and the American Red Cross have made an important and positive impact in my life."



HM2 Michael Pasley

## Remember the little guy

Imagine you are a single parent and your three-month-old daughter has just been diagnosed with cerebral palsy. That was the situation HM2 Kymyvette Jackson from Occupational Health found herself in about four years ago.

Some of the organizations that helped her ride out the rough times were Navy Relief, United Cerebral Palsy Association, Through the Looking Glass and BANANAS, Inc.

Her daughter, Stephanie, attends the Naval Air Station Alameda Day Care Center, and goes to the Alameda Unified School District where she attends preschool for special education children. Last year, HM2 Jackson said that she wanted her Combined Federal Campaign (CFC) donation to go to the school. She put down Woodstock Preschool on the form, specifically indicating the special education branch, and the money reached its destination.

One of her concerns is that a lot of the larger

organizations get frequent donations, while some of the smaller ones are left out at donation time. "I really want to tell people [about the little guys] -- the ones who are sitting way down at the bottom of the form. We have to remember the little guy because they need help, too. They might be the ones who save you."

The future for Stephanie appears to be a happy one. "She's very minimally handicapped, as far as cerebral palsy. She looks like any other child playing, but her problem is more in her communication ability, among other things.

HM2 Jackson summed up her feelings about her situation and the help she received along the way when she said, "it's a blessing, because I don't have the pain any more. I look at her and I'm very happy. I've been blessed ... These people helped, and I don't think I could have done it without them."



HM2 Kymyvette Jackson



November 1, 1991

Red Rover

# For your health

## Water: the forgotten nutrient

By LT Terry L. Priboth,  
MSC, USNR

Water is the most vital nutrient. Although we could live for about five weeks without food, we could only survive a few days without water. Our bodies are actually about two-thirds water. The average adult contains 40 to 50 quarts of water with 40% in cells. Blood contains 83% water, brain and muscle 75% and bone 22%.

The current Recommended Daily Allowance for water is 1-1.5 milliliters/kilo calories of energy expended. That's about 8-12 cups daily. Requirements vary with climate, metabolic rate, body size, type of diet and exercise. Good water replacers are milk, juice, seltzer, soft drinks, soups, fruits and vegetables. Coffee, tea and other caffeine-containing beverages are not good water replacers because caffeine acts as a diuretic causing water loss. Alcohol has a similar diuretic effect.

To avoid dehydration and heat stroke, drink water before, during and after exercise. Dehydration can occur before thirst is triggered. Drink one or two cups of water 5-15 minutes before a workout or competition. During a strenuous workout, drink one cup of water every 15-20 minutes.

For the average athlete, cold water is the best fluid for quick rehydration. Commercial sport drinks are unnecessary and the

extra sugar in them actually slows absorption from the stomach and intestines. The exception is during a high intensity event, such as a marathon, lasting longer than 90 minutes. Drinking a sports drink during such an event may increase stamina by replacing electrolytes and providing glucose or, preferably, glucose polymers which are absorbed more quickly.

Sales of bottled water have risen 400% in the last decade. Despite the cost, one in 15 households now use bottled water for drinking. It may taste better, but it is not necessarily any safer or healthier than tap water. Minimum standards for safety and quality are set by the Food and Drug Administration and match standards for municipal water supplies. There are many types of bottled water, and composition varies. The various types of bottled water available are described below:

**CLUB SODA** - Tap water that is filtered and artificially carbonated with carbon dioxide (bubbles). Contains added salt and minerals.

**SELTZER** - Same as above but has no added salts. May have juice and/or sugar added for flavor (adds calories, too).

**NATURAL WATER** - Not derived from municipal system and has not been modified by

adding or deleting minerals.

**SPARKLING WATER** - Contains carbon monoxide either naturally or added during bottling.

**SPRING WATER** - Naturally flows out of the earth at a particular spot and is bottled at or near its source. Not altered by addition or deletion of minerals.

**WELL WATER** - Extracted from a man-made hole in the ground which taps the water of an aquifer.

**STILL WATER** - No bubbles and may or may not be processed. Comes from any source including municipal water supplies.

**PURIFIED (DISTILLED) WATER** - Completely demineralized by evaporation and recondensation processes. Flat-tasting. Often used for medicinal purposes. Not recommended for routine drinking or for mixing infant formula.

**MINERAL WATER** - From either surface or ground water, it's really any water containing minerals (not distilled). International Bottled Water Association requires mineral water to contain not less than 500 parts per million (1/8 teaspoon per quart) of total dissolved solids. The more solids or minerals, the stronger the taste.

While most household tap water is safe, it can be contaminated by lead from pipes. To decrease the chance of "leaching" lead from pipes, run only cold water from pipes for drinking and cooking. If you want to have your water tested, you can call The Safe Drinking Water Hotline at 1-800-426-4791 for a nearby certified lab.

## Chaplain's Corner

### Some pretty good people

By LT Anne Krekelberg,  
CHC, USN

I do a lot of reading. When I find a gem, I want to spread the word. Lewis Smedes is professor of philosophy at Fuller Theological Seminary in Pasadena and has written a number of books. I like them all — they are easy to read and straight to the point. But there is one I particularly like because it makes me feel pretty good. It's called *A Pretty Good Person*.

Dr. Smedes asserts that there is a pretty good person in all of us. Hard to imagine, isn't it? If you're like me, you know some people who have done a terrific job of hiding that "pretty good person." And sometimes we even wonder about ourselves. But I have to agree with Dr. Smedes. After all, when God finished creating the heaven and the earth and everything in it, including human beings, he

"looked at everything he had made, and found it very good." (Genesis 1:31) Who am I to argue with God?

In a world full of people who criticize us and stores full of self-help books that tell us what we ought to be and give us formulas for how we should get there (wherever "there" is), it's really nice to hear someone affirm us for simply being who we are.

But *A Pretty Good Person* is not a fluffy feel-good book. Far from it. Smedes strikes at the core of our creation as human beings and challenges us to become the person God intended us to be. He does this by discussing several characteristics that are the hallmarks of pretty good people.

\* **Courage:** The willingness to risk death for the love of life.

\* **Gratitude:** A deep sense of thanksgiving and joy in the

face of adversity and suffering.

\* **Integrity:** Standing for what is right even if it means being on the outside of what's "in."

\* **Self-control:** The ability to make choices and take responsibility for who we are and what we do.

\* **Discernment:** Knowing when we're wrong and having the humility to make it right

\* **Fairness:** standing aside when our ego says we want to stand in the center.

It's hard being a pretty good person, there's no doubt about that. And there's certainly no guarantee that we'll ever even come close to being great. But no one, not even God, is asking us to be great. All that's asked of us is to be pretty good people.

And there are lots of pretty good people out there. I've met them. They come in all shapes and sizes, colors and ages. They come as patients and as staff, as civilians and as students. And when all that's left of us is dust and a memory in someone's heart ... when all that's left is a gravestone that reads: "Here lies a pretty good person..." I guess that's ... well ... pretty good.

## OAK KNOLL NEWS



### New phone network

On May 17, 1991, the Electronic Tandem Network (ETN, dial 7 telephone service) was activated. This network provides interconnectivity between all the bases currently being serviced by Public Works Center-San Francisco Bay Consolidated Area Telephone System. By dialing 7, plus the three digit code assigned to the specific base being called, followed by the last four digits of the desired phone number on that base, the call will be processed with no toll charges incurred.

NAS ALAMEDA	7-263-XXXX
WPNSTA CONCORD	7-246-XXXX
SUBSHIPS	
HUNTERS POINT	7-475-XXXX
NAS MOFFETT FIELD	7-494-XXXX
DODHF NAVATO	7-382-XXXX
NAVHOSP OAKLAND	7-633-XXXX
NAVHOSP OAKLAND	7-636-XXXX
NSC OAKLAND	7-672-XXXX
NSC POINT MOLATE	7-231-XXXX
NAVFACENGCOM	
San Bruno	7-244-XXXX
NAVSECGRUACT	
Skaggs Island	7-553-XXXX
NAVSTA	
Treasure Island	7-395-XXXX

### Security note

Parking on board NHO is an ever growing problem for patients and staff alike. The problem is under consideration at present to alleviate the conditions. Security is only citing those violators who are causing traffic hazards, obstructing fire lanes or cross walks and parking on grass areas. The \$15 magistrate tickets are issued to those violators without DoD decals displayed on their vehicles. All other violators are issued Armed Forces traffic tickets. Point of contact for further information is the Security Department at 633-6077/78.

## Holiday Bazaar



As the Christmas season comes upon us, the time to shop for those special gifts gets shorter and shorter. The Mare Island Officers' Wives Club has come with a solution to everyone's shopping needs. On Saturday, Nov. 16, from 9 a.m. to 5 p.m., they are holding a holiday bazaar. The bazaar, which is being held at the Mare Island Naval Shipyard Field House, is open to the public and admission is free. So, bring yourself and your Christmas shopping list, and everyone is sure to find a gift for those special people, big or small. Point of contact is Yvonne Martin at (707) 647-7504.



## People in the news from BMC Moffett

LT Eric Johnson was frocked to present rank.

LCDR Ricky Toyama was advanced to present rank.

HM2 Edythe Norton received the Navy Achievement Medal for her performance of duty as Education and Training petty officer while attached to the USNS Mercy during *Operation Desert Storm* and a Letter of Commendation for her performance of duty while stationed at BMC Moffett Field.

HM2 John Arnold received the Navy Achievement Medal for his performance of duty while stationed at Naval Hospital Guam.

LT Brian Kerr received the Navy Achievement Medal for his performance of duty as pharmacy officer while attached to the USNS Mercy during *Operation Desert Storm*.

HMC Jose Cayanan received a Letter of Commendation from the commanding officer, 2nd Medical Battalion during *Operation Desert Storm*.

HM2 Jennifer Johnson and HM3 Julio Rivera received a Letter of Commendation for their performance of duties while stationed at BMC, Moffett Field.

HM2 Charles Perry and HM2 Jimmy Mosley received

Meritorious Unit Commendations for duty while attached to the 7th Marine Amphibious Brigade, 29 Palms.

HM2 Richard Burk received a Certificate of Commendation from the commanding general, 1st Force Service Support Group, Fleet Marine Force (FMF) Pacific, for superior performance of duty while serving as a Preventive Medicine technician in the kingdom of Saudi Arabia.

HM2 Shawn Kassner received a Certificate of Commendation from the commanding general, 1st Force Service Support Group, FMF Pacific, for superior performance of duty while serving as leading petty officer of Pre-operative Ward, 1st Medical Battalion, 1st Force Service Support Group in the kingdom of Saudi Arabia.

HM3 Paul Shelley, HM3 Roel Olivares and HM3 Keith Duffy received Letters of Appreciation for their prompt and efficient aid in helping care for a patient in acute respiratory distress.

HM3 Stephanie Palm and HM2 Bobby Kennedy were awarded their first Good Conduct Award.

HM3 Richard Kelley was awarded his second Good Conduct Award.

## Planning for medical needs while traveling

By LCDR Fay Yocum

WASHINGTON (NES) — Many of Navy Medicine's retired beneficiaries have adopted lifestyles that allow them to travel to warmer climates during the winter months and return north in the summer.

The sudden influx of seasonal beneficiaries occasionally strains the available services at many of our medical treatment facilities located in temperate climates. Priority for medical treatment is set by law, but there are still many services available for retired beneficiaries at facilities throughout the country.

With just a little pre-planning, and by following the eight suggested steps to acquiring medical care at a Uniformed Services Medical Treatment Facility (USMTF), your medical needs will be met in an expeditious manner with the highest quality medical care available.

Planning for the road:

\* Obtain all routine health care prior to leaving home (eye exams, pap smears and physical exams). Do not depend on the USMTF on the road to be able to provide routine health care on short notice.

\* Always carry a copy of your medical records.

## Red Cross

### cont'd from page 1—

contacting the Red Cross office at 633-5880, he added, "you can identify the volunteer you are supporting by name or offer your donation for any volunteer, [and the] volunteers will receive a note letting them know [the names of the donors]."

Adding that the latter will be contacted and told where, when and to whom to make their contribution, CDR Ghent concluded "Support our volunteers! Call the Red Cross Office today and offer a donation!"

This should include information from any civilian physicians. If you keep a health record at two facilities, have copies made of entries recorded in the last year, including laboratory and radiology reports.

\* If you have a complicated medical history, visit your local physician before departing. Be sure your physician indicates your health problems, history, treatment and plans for care in your record. Seek your physician's advice in regard to meeting your medical needs while traveling.

\* Carry a 30-to-45-day supply of all medications and medical supplies since it may take that long to get an appointment at another USMTF. Carry a hand-written prescription for medications.

\* Know where your original medical record is maintained and the address and phone number of the facility.

\* If you are going to relocate for several months, and have complicated needs, call the USMTF at the new location to check if they have the services needed to care for your medical condition.

\* Obtain a good supplemental insurance plan to cover services not covered by the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) or Medicare.

\* Follow your prescribed medical regime in order to control your health problems. An out-of-control medical condition is more difficult to manage and could lead to increased costs and slower recovery.

Following these eight steps should ease your worries over possible health needs during your trip. Have a safe and healthy journey and enjoy yourself.

## Sports Update

### Central Pacific Sports Conference (CPSC) - Men's 7-man Flag Football Tournament

A 7-man flag football tournament will be held Nov. 16-17 at NAS Alameda. Commands are requested to forward entries and berthing requests to Joe Hash, athletic director, NAS Alameda, no later than Nov. 8. Entries should include full name, rate/rank, social security number and name of command. For more information contact the CPSC Athletic Director, Jim Gass at (707) 646-3301/4289 or Autovon 253-3301/4289.

### Central Pacific Sports Conference (CPSC) Wrestling Championships

A wrestling tournament will be held Dec. 7 at 8 a.m. in the Rodman Recreation Center Gymnasium, Bldg. 545, at Mare Island Naval Shipyard, Vallejo, CA. Entries will be taken from the weigh-in period of 8-9 a.m. For more information contact the CPSC Athletic Director, Jim Gass at (707) 646-3301/4289 or Autovon 253-3301/4289.

### Fall Classic 8-ball Tournament

This event will be held at the Bowling Center on Nov. 5, starting at 4:30 p.m., double elimination. Trophies will be awarded to the first and second place winners. The entry fees will go to the Combined Federal Campaign. Sign up at the Bowling Center at 633-6730.

**Lifeguards wanted.** Part-time lifeguards are wanted for evening work at the NHO swimming pool. Call 633-6365 for more information.

## Attention all hands

Naval Medical Command Instruction 6230.3 requires that all active-duty personnel be administered influenza immunizations annually. Also, Naval Medical Command Instruction 6310.2 requires annual HIV blood testing for military health care personnel. This year, both influenza immunizations and HIV blood draws will be conducted on 7 West, Nov. 4 through Nov. 8, from 7 a.m. - 4 p.m. Health and Dental records will be provided. Personnel with allergies or health conditions that require personnel to be excused from influenza vaccinations must contact Preventive Medicine at 633-5707. *HIV positive members will receive influenza immunizations at another hospital location.* Positive members should call preventive Medicine at 633-5707 or Ward 7-N at 633-5030 for more specific information.

Active duty health and dental records will be available on 7 West on the following days as noted by the last two digits of social security numbers:

Date	Last 2 more
NOV 4	00-20
NOV 5	21-40
NOV 6	41-60
NOV 7	61-80
NOV 8	81-99

Happy Halloween October 31st







November is child safety  
and protection month



The Navy's First Commissioned Hospital Ship

# The Red Rover



Volume 3-Number 15

Naval Hospital Oakland, California 94627-5000

November 19, 1991

## SFMC in transition

By Andree Marechal-Workman

When Rear Admiral William A. Buckendorf took the helm of Naval Hospital Oakland (NHO) last May, he also assumed command of the San Francisco Medical Command (SFMC), the joint Army/Navy organization charged with, among other things, seeking avenues of providing cost-effective, quality health and dental care to Bay Area beneficiaries. Since then, SFMC staff has undergone many changes. The most significant were, first, when Navy Captain Martin Taub, MC, reported on board July 29 as its new chief of staff; then when Army Colonel Lawrence Reichard, MS, followed as its new deputy commander on Sept. 17. Implementing RADM Buckendorf and the SFMC's Executive Committee's policies, together, they are the taskers, the overseers of the command's operations.

The following article

draws from interviews from the new heads of the joint service command, giving their views about the role that it might play in the future of Northern California's



CAPT Martin Taub,  
MC, USN

military health care delivery in the face of the impending downsizing and closure of two major Army medical facilities — Letterman Army Medical Center (LAMC) in San Francisco and Silas B. Hays Community Hospital (SBHCH) at Fort Ord, on the Monterey Peninsula.

Having to do more with less is the forecast in store for military health care facilities, SFMC new leadership agree. But, with the cooperative system this joint service command has, and will continue to develop between the Army, Navy and such civilian organizations as

the Department of Veterans Affairs and Foundation Health, RADM Buckendorf, CAPT Taub and COL Reichard are firm in their belief that, although



COL Lawrence Reichard,  
MS, USA

difficult, the job is not unsurmountable.

"It's going to be a great management challenge," said COL Reichard, concurring with similar sentiments expressed by RADM Buckendorf in a previous interview. "Fortunately, through Foundation Health and their involvement with CHAMPUS Reform Initiative (CRI), we have found alternative means of providing care to [an ever-increasing] beneficiary population."

CAPT Taub, who said he is in charge of staff and the daily

Cont'd on P. 4,5

## NHO works straight from the heart

By JOSN Kyna S. Kirkpatrick

LCDR Griffin. She added that the staff were also able to develop inservices, and the nurses gave the classes.

In Mid-June of this year there was a need for a cardiac specialty ward at Naval Hospital Oakland (NHO), due to an increase in the number of cardiac patients, the estimated heart surgeries that would take place at the hospital, and a need to rehabilitate these patients.

In August, the new Cardiac Observation and Rehabilitation Ward (9 South) was opened and made ready for heart patients. The ward is staffed by 16 corpsmen, 10 nurses, Commander David Hill, MC, head cardiologist and three other cardiologists: Captain Richard Osborne, MC; Lieutenant Commander Christopher Bodine, MC, USNR and LCDR David Roberts, MC, USNR.

"We started out from step one," said Lieutenant Commander Susan Griffin, NC, Division Officer of 9 South, adding that the staff started working together a month prior to receiving the space where the ward was going to be.

"Before the ward opened, the corpsmen and nurses went through courses and training that covered dysrhythmia (abnormal heartbeat) interpretation, monitoring and reading the telemetry machine and being able to read rhythm strips," said

According to LCDR Griffin, the ward treats cardiac patients with: angina (heart or chest pain); coronary artery disease; myocardial infarction (heart attack); catheterization (insertion of tube into heart to provide doctor with a view of heart activity); heart surgery; dysrhythmias and patients with pace makers who require medication intervention and treatment.

"The mission of the ward is to take care of patients whose problems are specifically cardiac," LCDR Griffin said, adding that there are two phases that make-up the care of these patients. "Phase one, cardiac rehabilitation, includes inpatient teaching and progression of activity. The inpatient teaching has to do with risk factor identification, medication and exercise prescription."

"In phase two, this is where Commander Gabet comes in," said LCDR Griffin, adding that CDR Linda Gabet, NC, is the cardiac rehabilitation coordinator, a position that is new at NHO. "CDR Gabet is a great asset to a number of [cardiac] patient populations."

The name of the ward, "Cardiac Observation and  
Cont'd P. 3

## INSIDE

### Thanksgiving 1991

CINCPACFLT PEARL HARBOR, HI. — Thanksgiving is a time when we are grateful to be Americans and grateful for the privilege of supporting the principles of that very special document, our constitution. Along with family and friends, we join all Americans in giving thanks for a way of life that is a beacon and an example for the rest of the world.

Like everything of great value, our freedom must be guarded. Many of you who undertake this task will be away from home this Thanksgiving.



The men and women of the Pacific Fleet are the world's finest, and I join with our families in giving thanks for your dedication. All of you, at home and deployed, will be in my thoughts and prayers this Thanksgiving Day.

S/ Admiral R. J. Kelly  
Commander-in-Chief  
CINCPACFLT



HN Curt Tellbuescher checks a cardiac patient's IV to make sure it is not infiltrated or infected. (Official U.S. Navy photo by HM2 Cynthia Malone)

October SOM.....2

FMA organize.....3

SFMC, old/new  
face.....4,5

For your health.....7

Scholarships.....8

November is Smoking Prevention Month



## Perspectives

### NHO - Best partnership award



On Nov. 5, 1987, Rear Admiral Robert L. Toney, then commander, Naval Base San Francisco, authorized Oak Knoll Naval Hospital to adopt the Skyline High School Science Department. This was the beginning of a resoundly successful partnership that enriched the science curriculum in biology, physiology, physics, and chemistry at Skyline through lectures, tours and hands-on demonstrations.

On Oct. 30, 1991, Oak Knoll was awarded COMNAVBASE Personal Excellence Partnership of the Year Award for the best math and science program. On hand to receive the award from Captain Victor Dodds, USN, was (left) CAPT Donald E. Greenfield, MSC, Oak Knoll Director of Ancillary Services.

### CFC Congratulations

Congratulations to the following CFC keyworkers and to the organizations they represent for achieving 100 percent participation so far in this year's campaign: DT1 T. Calimlim - Dental; HM2 C. Cascone - Alcohol Rehabilitation; HM3 R. Constantino - Outpatient Administration; HA R. Cook - Optometry; MS1 R. Corpuz and ENS S. Dunaway - Food Services; LT V. Corpuz - SFMC; Ms. S. Cumbee - Command Evaluation; HM1 D. Hart - Laboratory; HM3 M. Mann - MID; LCDR Navradsky - Mental Health; HM2 R. Orola - Nursing Administration; HN G. Potts - Labor and Delivery; Ms. A. Rodriguez - Social Services; HN S. Robicheaux - Endoscopy; Ms. S. Santos - Civilian Personnel; HM2 A. Vintola and HM1 G. Zuckerman - Pharmacy.

#### Red Rover

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Rear Admiral William A. Buckendorf

#### Executive Officer

Captain Noel A. Hyde

#### Public Affairs Officer

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#### Assistant Public Affairs Officer

JO1 Kay Lorentz

#### Editor

Andree Marechal-Workman

#### Editorial Assistants

JO2 Stephen R. Brown

JOSN Kyna S. Kirkpatrick

### Food Services celebrate employees superior performance

#### Letter of Appreciation

Reatty Astor  
Charles Bell  
Polar Bowens  
Robert Brown  
Luis Caliz  
Bobbie Davis  
Karen Jones  
Ezra Huntsberry  
Rosalene Jones  
Corina Mendez  
Carolyn Rice  
Dolores Robinson  
Julian Simpkins  
Caretha Tillman  
Sam Thomas  
Henry Williams

#### Letter of Commendation

Julie Ager  
Rene Arcamo  
Bernadette Gleason  
Ellis Harris  
Bernita Henderson  
Wallace Patterson  
Leona Ward

#### Monetary Awards

Julie Alger  
Rene Arcamo  
Bernadette Gleason  
Bernita Henderson  
Corina Mendez  
Sam Thomas



Captain Noel A. Hyde presents Bernita Henderson with a Letter of Commendation for her outstanding work as a diet cook in the Food Services Department. She was one of the many employees who were presented with awards during the recognition of National Healthcare Food Services Employees Week. The awards presented were: Letters of Appreciation; Letters of Commendation; monetary awards and new department awards. After the presentations there was a cake cutting ceremony and congratulations given to the department. Along with the executive officer, Commander Gary Schick, Director of Administration; CDR Betty L. Wright, Head of Food Services and Mess Specialist Senior Chief Mike Andrade were on hand for the presentation of awards. (Official U.S. Navy photo by SN Wael Issa.)

### October Sailor of the Month



HM2 Raul C. Rimorin, who was presented the award for October Sailor of the Month, is an advanced lab technician in the Laboratory at Naval Hospital Oakland. Rimorin, who is a native of the Philippines, said, "I always feel good when I do my lab tests with accuracy and reliability because I know someone's life is depending on it." Rimorin added that he credits his nomination to his supervisors and co-workers "for their trust in me."

HM2 Rimorin was nominated for Sailor of the Month by the Blood Bank Officer Lieutenant J.A. Thralls and Blood Bank Chief Petty Officer-in-Charge HMC F.C. Pantig for his exceptional performance of assigned and unassigned tasks. "HM2 Rimorin well deserves this nomination. His working ethics and dedication to duty made [him] an excellent choice," said HMC Pantig. Congratulations to HM2 Rimorin for a job well done!

### NHO thanks Red Cross Volunteers

On Nov. 6, Naval Hospital Oakland recognized the gift of time and skills given by the Red Cross volunteers in service to other with a luncheon and special program. Reproduced here is the text of Red Cross Director Randy Ortega's speech of thanks.

We all know that many people "care" about the sick and injured and the poor of spirit, but all of you have done something about relieving that suffering, that anxiety.

Today, we at the Red Cross, humbly thank each of you wonderful, caring people who volunteer your time to perform countless acts of human kindness every day here at Oak Knoll.

Also, we humbly thank Captain Noel Hyde, our Executive Officer, for his continuing support of all of our efforts.

We also want to thank Commander Ernest Ghent, Director of Patient Administration Department, for his steady support of the programs and in making this Recognition Day possible. He will be leaving Oak Knoll in December and we will miss him terribly.

A sincere thanks to Commander Betty Wright of the Food Service Department for providing assistance to this year's luncheon.

A sincere thank you, too, to all the staff of the Red Rover for their endless efforts in publicizing our programs.

We're so grateful, too, for the continuing support of the Red Cross Volunteer Production Departments of Alameda and Berkeley Chapters, the Disabled American Veterans Auxiliary No. 7 and the Arlington Women's Club.

This luncheon to honor all of our volunteers was made possible by the generosity of the staff of Naval Hospital Oakland, both military and civilians. We thank you so very much.

Each of you here today has taken the time to recognize the needs of the patients at Oak Knoll and have helped us at the Red Cross "do" something about meeting those needs.

To all of you together, and to each of you individually, "Thank You."



# Civilian News

## Federal managers organize

By Andree Marechal-Workman

In these times of budget crunch and federal systems' downsizing and reorganization, the Federal Managers Association's (FMA) advocacy role in Congress is more important than ever. It is so important, in fact, that the association has taken aggressive steps to increase its membership.

"At last year's annual convention, a resolution was passed to allow program managers, apprentice trainers, management interns and similarly classified managers to join FMA," said Bertha Paul, the current FMA president of Naval Hospital Oakland's (NHO) Chapter 238. Paul is Utilization Review coordinator in the hospital's Quality Assessment Department.

Open to all federal managers and supervisors, this oldest and largest civilian professional management organization is now accessible to employees whose job classification is not strictly managerial.

"Everyone manages something," stressed FMA past President and former SFMC Chief of Staff's Secretary Wanda Capello. "An employee who oversees a system or a program at the hospital or at Oak Knoll's tenant commands; a secretary who holds an administrative position — all may join FMA, so long as they hold positions that are not part of a bargaining unit."

Now in its 76th year, FMA is a formidable legislative presence in Washington D.C. It provides Congress and the executive branch with federal managers' views on personal issues. It

also maintains its own political action committee which contributes to congressional candidates who support federal employees.

For example, on Oct. 22, at a hearing of the House Human Resources Subcommittee, FMA took issue with the Office of Government Ethics' rules that



Bertha Paul

would severely curtail member activity in professional associations like FMA. On Nov. 12 and 13, the organization presented its views on Department of Defense's (DoD) downsizing plans to that same subcommittee.

Here at the command, according to Paul, the following are among the main goals of Chapter 238:

- \* Establish better understanding between the civilian and military communities of managers and supervisors.

- \* Help local employees upgrade their status within the federal system.

- \* Through its national office, lobby for the protection of benefits under the Civil Service System and help Congress formulate a responsible pay reform system.

- \* Also through its national office, oppose Office of Personnel Management's (OPM) new performance appraisal schemes that could have three, four or five summary rating levels.

In addition to the protection, a quarterly \$17 (\$68 annually) membership fee includes preferred automobile insurance available through Government Employee Insurance Co., professional liability insurance and a convenient credit card program. Members can also attend professional development programs at reduced rates, as well as receive three publications: The Washington Report (weekly), The Federal Manager (monthly) and The Federal Managers Quarterly.

Interested eligible individuals are encouraged to attend Chapter 238's lively monthly meetings featuring significant military and civilian speakers. The meetings are held at Club Knoll, on the third Thursday of each month, from 11:30 a.m. to 1 p.m. During the November meeting, Equal Employment Opportunity (EEO) Deputy Officer will speak about EEO concerns.

Prospective members can also learn more about FMA during the membership drive and nacho sale scheduled Dec. 3, from 9:30 a.m. to 1 p.m., on the third floor of the hospital, next to the Clinical Assembly room.

Points of contact for further information are Bertha Paul at 633-5510 and Andra Zamacona at 633-6168.

## Change in FMA insurance

Specialized Insurance Services, Inc., a company that handled some of FMA's insurance programs, has been purchased by MASS Benefit Consultants, Inc. The latter will continue to do business as usual; however, all written inquiries must now be sent to the new company at P.O. Box 828, Annandale, VA 22003 (Toll free Telephone #1-800-221-3083).

MASS is preparing two new kinds of insurance plans — Disability Income and Supplemental Retirement — for addition to the current list. The list includes: Supplemental Health Insurance Plan (SHIP); Group Term Life Insurance; Accidental Death and Dismemberment; Long Term Care; Total Retirement Account (TRA) and Disability Income.

Monumental General remains the underwriter for these plans.

## Defense Outplacement Referral System streamlines job search

By Andree Marechal-Workman

The Defense Outplacement Referral System (DORS) can help people find jobs in record time, said Nathaniel H. Kimbrough, specifying that the project was initiated in answer to base closures and downsizings.

Kimbrough, who is a special program coordinator for the Civilian Personnel Office, added DORS is divided in two parts — military and civilian — and is also

open to the spouses of both. "Basically, what this means," he explained, "is that employees who are scheduled for a Reduction in Force (RIF) can register for job consideration in private sector, Department of Defense (DoD), non-DoD and other federal activities' positions."

According to Kimbrough, the employees' and spouses' qualifications go into a national computer system located in three different areas: DoD employees in

Dayton, OH; non-DoD federal employees in Macon, GA; private sector (state and local governments) in Monterey, CA.

The advantage of this system is that an individual becomes eligible only if a federal activity is undergoing closure or downsizing, Kimbrough stressed, adding "as vacancies become available in the three categories, employers can request resumes of individuals registered into DORS, and those can, in turn, be hired immediately.

Registration into DORS can be made at the following locations: Military personnel and their spouses at their base Family Service Centers or local transition points; DoD civilians and their spouses at their local Civilian Personnel Offices.

Points of contact for further information are staffing personnel. At Naval Hospital Oakland, they are Edna Walton, Nathaniel Kimbrough, Susan Astorga and Zamilla Chatman. They can be reached at 633-6372.

## Cardiac Ward/ 9 South cont'd from page 1

Rehabilitation Ward," is a definition in itself. The patients come into the hospital to be treated and observed. They are then taught how to rehabilitate themselves with the help of doctors, nurses and corpsmen. "After we treat the patients and teach them living standards to help them with their cardiac problems, we treat them as outpatients, which is phase two, where

we monitor their progress," said LCDR Griffin. She added that the latter is a plan that is being started. "Currently the patients are being treated here, and after CDR Gabet has seen them, a determination is made on whether or not they need phase two -- outpatient rehabilitation, where they are sent to facilities on the outside," she concluded.

There are many ways that

phase two benefits heart patients. "Cardiac rehabilitation on the outside is very expensive, but we [also] found that people who go through the rehabilitation program are more likely to be alive at a higher standard of living than most people who don't," said CDR Gabet, adding that no existing naval hospital has a phase two on line. "Bethesda is beginning their phase two and is

probably neck to neck with us," she said, stating that phase two is the standard of care on the outside.

"The ward is the way it is because the staff made it that way," said LCDR Griffin. "The staff has done a great job organizing it and prioritizing it. They put in a lot of energy." She stated that, for the most part the staff is made up of general duty corpsmen with little

experience with cardiac patients.

All the corpsmen show enthusiasm about their jobs on 9 South. "For such a critical care area, we [the corpsmen] have come a long way, and I am glad I came to this ward because I have learned a lot about cardiac patients and I think everyone else has too," said HN Kayla Huval, leading petty officer of 9 South.



# Familiar and n

Photos by HM2 Cym



Wanda Cappello

Wanda Capello retired from Civil Service on Sept. 30, after 29 years of dedicated service. She came to Oak Knoll in 1984 from the Public Works Center, where she was secretary to the commanding officer. She served as secretary to the chief of staff of Naval Medical Command, Northwest Region, and retained that position at SFMC.

Wanda is well known for her enthusiastic involvement in the day-to-day activities of the command. In addition to her demanding secretarial duties, she

taught Navy Correspondence courses, and is a past president of the Federal Managers Association. She was a friend to all and is sorely missed.

As you may not know, Wanda and her husband, Anthony, lost their home and all of its contents in the Oakland fire storm a few weeks ago. They are now picking up the pieces and starting over.

We wish her well in her retirement. Fair winds and following seas to a wonderful colleague and a good friend.

Continued from page 1

running of SFMC, believes that cooperation between all the uniform services is a key factor. "We know that money is going to be more and more difficult to come by," he said, "and it's going to be the mission of the services to work together to provide the care in the future."

In this connection, he added that he hopes that, eventually, the whole West Coast will be involved. "At General [Leslie M.] Burger's suggestion," he said, "a commander reorganization meeting will be held in December to discuss the possibility of a coordinated care effort extending from San Diego in Southern California to Bremerton in the State of

Washington." This includes, among others, commanders of Naval Hospitals San Diego and Bremerton, as well as of Madigan Army Medical Center in Tacoma, WA, which GEN Burger will command after he leaves LAMC some time next year.

"We are not talking about a blue or purple," CAPT Taub clarified. "SFMC will act as a facility because, as resources become more and more scarce, we will reach a point where one facility will have to help another."



LCDR John Shore - Director for Health Care Planning

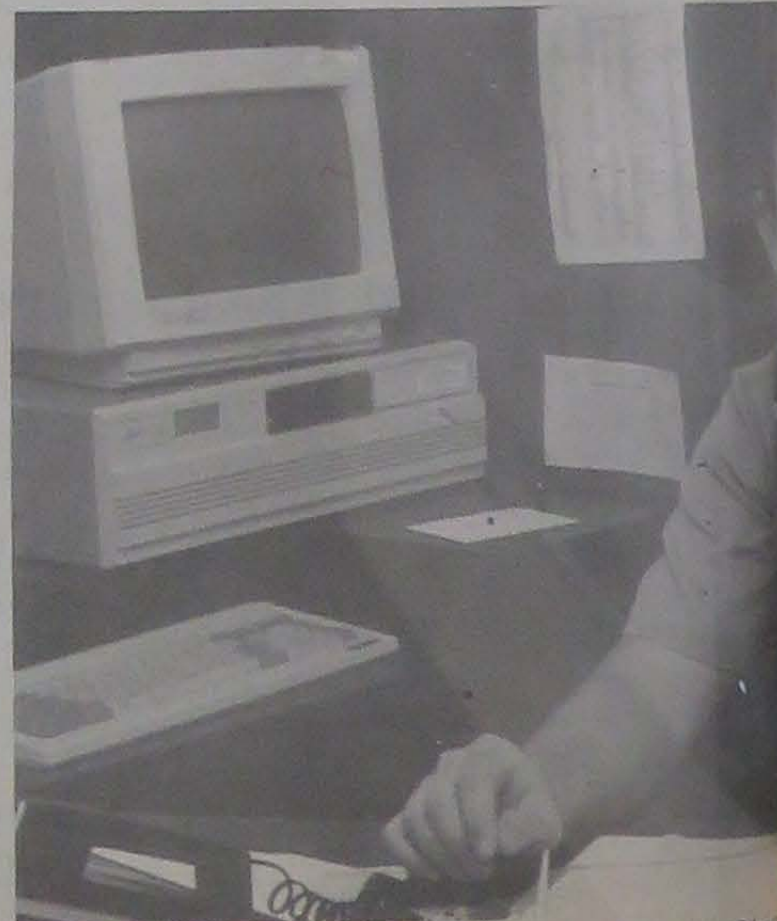
"[Under the proposed reorganization], one facility will become a specialty center for a particular type of care. For example, NHO will be the cardiac surgery specialty center; David Grant [U.S. Air Force Medical Center] (DGUSAFAMC) at Travis Air Force Base, the neonatal specialty center...and I foresee SFMC acting as a coordinator for providing what these facilities require to carry out their mission."

When citing DGUSAFAMC, CAPT Taub was referring to the Air Force facility's status as one of SFMC's ex officio (non voting) committee members. The other members are the Department of Veterans Affairs, Naval Post Graduate School in Monterey, CRI contractor and SBHCH — all of whom could become involved as voting members at some point in the future, according to CAPT Taub and COL Reichard.

The deputy commander, who came from Headquarters, First U. S. Army, Fort George G. Meade in Maryland, confirmed that a move to regionalize the West Coast medical care is a definite possibility, but said he thinks Assistant Secretary of Defense for Health Affairs, Dr. Enrique Mendez Jr., would probably play a major role in its development.



YNSN Christine Campbell - Secretary to Deputy Commander



QMC Christopher Ellwood - Administrative Chief



# W faces at SFMC

one and SN Wael Issa

"Right now the money has basically all gone to Dr. Mendez," COL Reichard explained, adding that having money allocated by the Department of Defense (DoD) would facilitate the process because, this way, "there will be no need for transfer of funds back and forth."

And this is where CAPT Taub's experience as director of the Division of Surface Medicine at the Bureau of Medicine and Surgery (BUMED) will come in handy because he said it's "broadened [his] outlook" through his encounters with the



YN3 Rory Porterfield -  
Administrative Assistant

Army and the Air Force in Washington, D.C.

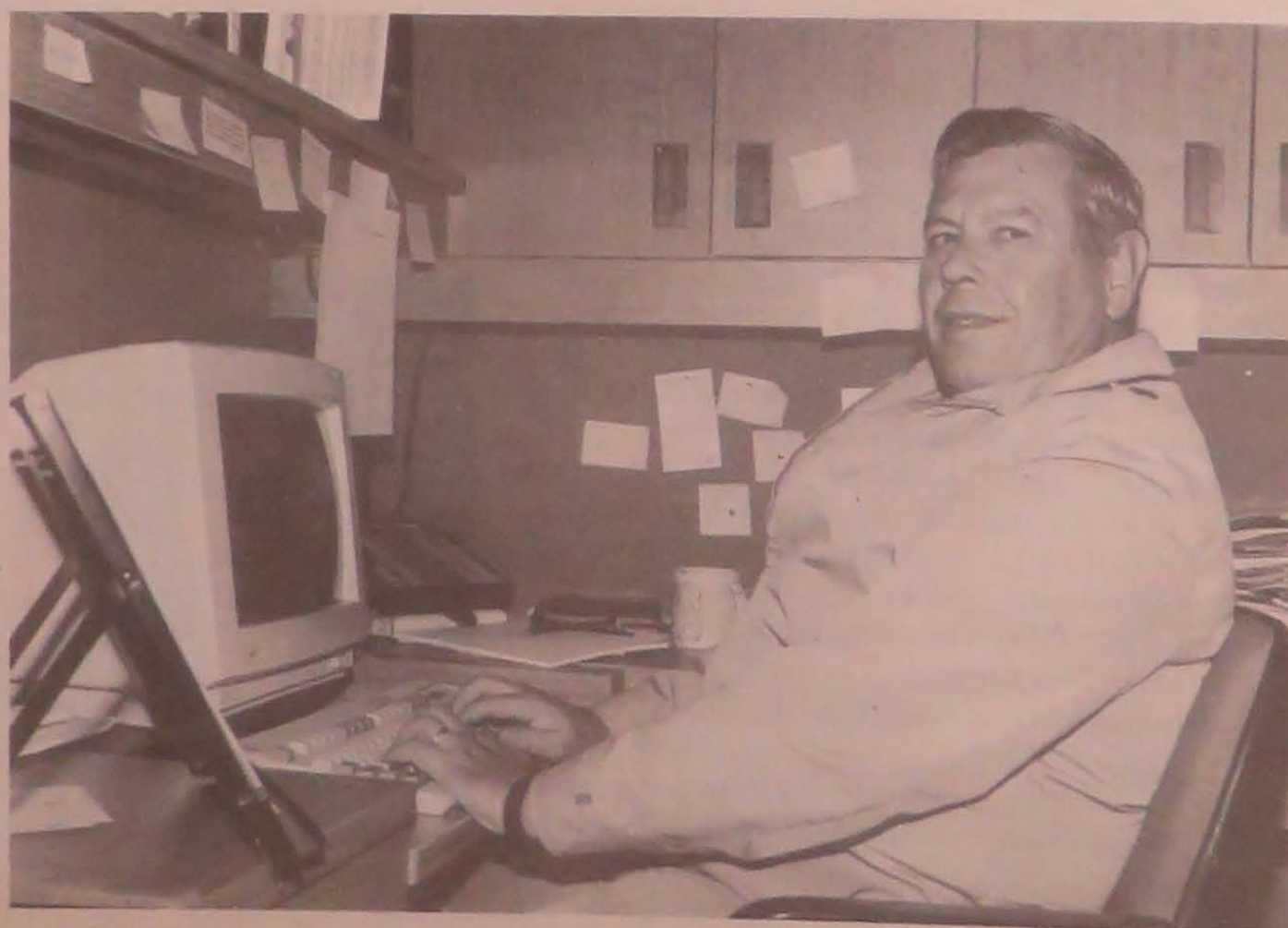
The same is true of COL Reichard whose "past experience in hospitals and in management areas" will prove invaluable to what he calls "fine-tuning" what has been done by the previous administration, so that the systems and procedures established "will work better and save the tax payers and the services thousands of dollars by better utilization of CHAMPUS."

Together, and in concert with all key players, they could help turn SFMC into the hub of a wheel that could roll military health care into a new era — an era where the uniform services will work hand in hand with their civilian counterparts to provide all beneficiaries with the best of care at a cost that everyone can afford.

**(Editor's Note:** MSC officers, Lieutenant Beverly Hall and Ensign Greg Cadle, joined SFMC's staff on Nov. 12. LT Hall is assistant director for Health Care Planning; Ens. Cadle, health care planner. LT Victor Corpuz is also part of the command's staff, as its director for Operational Planning)



Marge Lesage - Secretary to Commander



LCDR Will Farnham - Director for Logistics and Administration



# Naval Hospital Oakland Patient Administration Department Up Close

**What is your job?:** To oversee the processing of all inpatient records from date of discharge to date of closing.

**Marital status:** Married.

**Spouse:** Julie Ellen Kendall.

**Children and ages:** Baby due Dec. 30.

**Hometown:** Hempstead, TX.

**Hobbies:** Tennis, basketball, reading, traveling and spending time with my wife.

**Likes:** Honest, conscientious people who genuinely care about their family, friends and their job.

**Dislikes:** Dishonest, lazy people who don't contribute their share to society.

**What is the most challenging part of your job?:** Soliciting the support and cooperation of the various staff personnel that we need in order to accomplish our goals.

**What is your immediate goal?:** To get the number of delinquent records down within standards.

**What is your long-term goal?:** To settle down with my wife in a nice family community and raise a family.

**If I could do it all over again, I'd:** Probably do it the same way.

**I wish I could stop:** All the negative thinking out there, so people would just do the best with what they have. Just quit complaining and enjoy life.

**I respect myself for:** Being honest and hard working and for doing what I feel is right.

**Role models/heroes:** My parents and Ben Franklin.



LT Scott Kendall, USN, MSC

**What is your job?:** I am responsible for making re-evaluation appointments for service members on limited duty, and also helping with medical dispositions.

**Marital status:** Married.

**Spouse:** William Lord.

**Children and ages:** Tyler Lord, 17 months.

**Hometown:** Jacksonville, FL.

**Hobbies:** Swimming and snow-skiing.

**Likes:** Traveling and meeting new friends.

**Dislikes:** Dishonest people.

**What is the most challenging part of your job?:** Being able to adapt quickly to new job assignments in Patient Administration.

**What is your immediate goal?:** To attend Operating Room Technician School in April 1992.

**What is your long-term goal?:** To buy my own home and possibly retire from the Navy.

**If I could do it all over again, I'd:** Not change a thing, I'm happy with my life.

**I wish I could stop:** Child abuse and world hunger.

**I respect myself for:** Being a mother and wife.

**Role models/heroes:** My parents.



HM2 Melissa D. Lord

**What is your job?:** Supervise the Inpatient Medical Records Department. I assure the completeness of documentation in the medical records in order to meet the requirements of licensing agencies and protect the legal interest of the patient, health care providers and the facility.

**Marital status:** Single.

**Hometown:** Kaneohe, HI.

**Hobbies:** Cooking.

**Likes:** Kind, warm hearted, broad minded and non-discriminating people.

**Dislikes:** Arrogant and judgemental individuals.

**What is the most challenging part of your job?:** Personnel supervision. Each employee differs in personality, goals and needs; therefore creativeness and patience is needed to find ways to motivate personnel to cooperate in meeting the goals of the department.

**What is your immediate goal?:** To organize the Medical Records Department so it will have a better work flow system.

**What is your long-term goal?:** To advance in the Health Administration field.

**I wish I could stop:** The crimes committed by a human being towards another human being. People should try to live in harmony, with love and compassion towards others.

**I respect myself for:** Having the courage to accept what everyday life brings, and to have the commitment to make the best of every situation.

**Role models/heroes:** Mother Theresa. Her kindness and generous ways is admirable.



Cielito V. Lazo-Feraren

## From the Chaplain



By LT J. Lynne Kennedy, CHC, USN

"Attention in the hospital! Attention in the hospital!" These are the words I heard over and over again when I reported aboard a couple of weeks ago.

I'm glad to have this opportunity to introduce myself. I'm Chaplain Lynne Kennedy, a Presbyterian Church U.S.A. minister, and I will be responsible for the Protestant side of religious activities here at Naval Hospital Oakland (NHO). I just transitioned from shipboard duty to three months at Treasure Island, and here, and I'm excited to be working with such a fine team of chaplains.

Chaplain Herman Kibble directs us all; Chaplain Richard Mattie is responsible for Catholic services; Chaplain Peter Nissen insures pastoral care includes the whole base and Chaplain Anne Krekelberg coordinates all religious ministries with her administrative style. Good teams share the load and that's our goal in serving your needs.

We've been brainstorming about future fun in group studies, songfests, seasonal celebrations and on-going programs. Sometimes the best ideas come from you. So if you're inclined to rack your brain, drop in to the Pastoral Care Department, third floor, for gourmet coffee and a chance to brain drain your suggestions, wishes and dreams.

How will you recognize me? I'll be smiling at you while asking for directions to east-west-north and south wings. And please, just because I don't know where everyone is located yet, it does not make this open season for "dumb blonde" jokes.

# HONOR

# AMERICA'S

# VETERANS



## NOV. 11



# For your health

## Good nutrition: A must when pregnant

By LTJG Lea Beilman, MSC, USNR

Nutrition is important through all stages of life, but is especially important for expectant mothers. Adequate consumption from each of the four food groups provides important nutrients for fetal growth.

Pregnant women need four servings from the milk group, two servings of meat or meat substitute, at least four servings of fruits and vegetables and four servings of breads and cereals, each day.

It takes approximately 85,000 calories to produce a healthy eight-pound baby over a nine-month period. That equals approximately 300 additional calories a day, the equivalent of an extra glass of lowfat milk and half a

sandwich.

Recommended weight gain during pregnancy is 25-35 pounds. During the first trimester the weight gain is minimal, only two to four pounds, then about a pound a week for the remainder of the pregnancy.

Be aware of empty calorie foods such as doughnuts, pies, cookies and candy bars. These will provide few nutrients and excess calories that can lead to excessive weight gain. Snack on fresh fruits and vegetables and drink plenty of water (6-8 glasses a day).

Pregnancy is not a time for dieting or skipping meals. Three balanced meals a day are very important for blood sugar control, and to supply needed nutrients for you and your baby.

Remember, caffeine



should be limited to 200 milligrams per day (six ounce coffee, 16 ounce tea, four 12-ounce colas, and alcohol should be completely eliminated from the diet.

For more information on nutrition during pregnancy call Naval Hospital Oakland's Food Management Department at 633-5820. Ask for the Dairy Council of California's booklet on pregnancy.

## Quality Improvement update



Above are the executive staff of NHO who attended the three-day Total Quality Leadership Course presented by the Naval Medical Quality Institute. Instructors for the course were Captain David Kemp, MC; Commander Kenneth Wright, DC and Elizabeth Mariani, who are standing on the far left. Included in the executive staff were: Executive Officer CAPT Noel A. Hyde, MSC; Lieutenant Commander David Bates, MSC; staff directors of NHO; CDR Thea Bratton and LCDR Jeanette Lynch from Naval School of Health Sciences; branch clinics executive staff; Command Master Chief HMC Thomas Grieb, HMC Karen Delisle, patient contact representative, and HMC Nina Conner, Education Chief. (Official U.S. Navy photo by HM2 James Sandridge.)

### Dr. Deming's point 13: "Institute a vigorous program of education and retraining."

Encouraging education and self-improvement for everyone is critical to successful Total Quality Leadership efforts. What an organization needs is not just good people; it needs people who are improving with education; they must be continuously acquiring

the new knowledge and skills that are required to deal with new materials and new methods. This is particularly true at Naval Hospital Oakland today, as all of us seem to gain the "profound knowledge" about Total Quality Leadership principles and

methods that is so critical to the success of a Quality Improvement journey.

The Quality Leadership Council completed a three day Total Quality Leadership Course presented by the Naval Medical Quality Institute, recently.

# Oak Knoll News



## Recycling Program

The command has established a Recyclable Materials Program in which all NHO employees and interested personnel are encouraged to participate. Proceeds from the sale of these recyclable items will be utilized by the command's Morale, Welfare and Recreation Department. The following items will be accepted for recycling: white paper (unclassified information in compliance with the Privacy Act); newspapers that must be tied in neat bundles; aluminum cans. Also accepted are flattened and broken-down cardboard boxes; plastic beverage containers inscribed with CA REDEMPTION ONLY and glass bottles. The latter must be separated according to color; ie: clear, brown or green.

The following items will not be accepted: magazines and books of any type, plastic bags, paper grocery bags, plastic milk cartons or anything not marked with CA REDEMPTION. Recyclable materials may be dropped off at the back loading dock of building 133, Monday through Thursday between 8 - 9 a.m. and 1 - 2 p.m. Point of contact for further information is ENS Troy Holland or HMC (SW) Jeffrey Nelson at 633-6805.

## Sexual Harassment

Sexual harassment will not be condoned or tolerated in the Department of the Navy. It is a form of arbitrary discrimination which is unprofessional and unmilitary. It adversely affects morale and discipline and ultimately the mission effectiveness of the command involved.

According to Article 1166, U.S. Navy Regulations, 1990, personnel who use implicit or explicit sexual behavior to control, influence or affect the career, promotion opportunities, duty assignments or pay of any other person are engaging in sexual harassment. Naval personnel who make deliberate or repeated offensive verbal comments, gestures or physical contact of a sexual nature in the work environment are also engaging in sexual harassment.

## Command Hotline

The Command Hotline, 633-8801, offers a contact where you can report fraud, waste or misuse of government resources within the command. Callers do not need to give their name. They are protected from repercussions by public law, and they can be assured that their complaints will be investigated by an independent investigator.

Before calling the Hotline, be sure that the complaint is real. Most matters are handled very well by the chain-of-command. The Hotline is intended for those few cases where the chain-of-command is not responsive in correcting fraud, waste or mismanagement.

## Meal Price Changes

The Department of Defense increased prices of meals served at all naval Food Services facilities by 12 percent.

Prices are as follows:

### Nonsurcharge Surcharge

Breakfast	1.00	3.00
Lunch	1.90	5.60
Dinner	1.90	5.60



## New grant and interest-free education loan opportunities

WASHINGTON (NES) — The Navy-Marine Corps Relief Society (NMCRS) recently announced two new programs to provide financial assistance for the education of active-duty sailors and Marines. Retired Vice Admiral Edward P. Travers, president of NMCRS, and Roy A. Nicholson, chairman and chief executive officer of United Student Aids Funds, Inc. (USA Funds), completed an agreement July 30 to launch programs that will provide grants and interest-free loans for undergraduate education.

Funding of these education programs will be provided by the Society, while USA Funds will administer the programs under the organization's Help America Learn Program. USA Funds is a nationwide financial services corporation that specializes in education credit and has been working with the Society on other programs since 1980.

The new grant and interest-free loan programs have been specifically designed to help active-duty service members finance the post-secondary education needs of their

children. The Society believes the new programs will help fill the gap that often results when service families apply for assistance under federal programs and do not qualify because of the government's mandated needs test. Although awards under the Society's program will be determined on the basis of need, the Society will use a modified form of the Expected Family Contribution. Thus, it expects many families will be qualified for grants and/or loans.

Under the NMCRS Education Grant Program, a grant of \$2,000 per academic year will be awarded to qualifying sons and daughters of active-duty service members. Under the Parent Education Loan Program, service members may qualify for a loan of up to \$3,000 per academic year; loans will be repaid by allotment. Both programs will be available for the 1992-93 school year.

Financial assistance for education needs as a relief service is part of the mission of the Society. Educational assistance was the cornerstone of the Society's charter in 1904, and accounted for a considerable

portion of its assistance in the early years. Today, education needs and associated expenses are beyond the reach of many capable young people. Their hopes are stifled and their potential is thwarted when even the most careful management of resources make post-secondary education an impossible dream. VADM Travers was convinced the Society could provide a greater opportunity for the sons and daughters of sailors and Marines. When he presented his plan to the Society's Board of Managers, it was applauded and approved as a financial commitment entirely in keeping with the intent of the Society's charter.

In response to numerous donor requests to designate contributions solely for educational assistance, the Society has established an education fund. Donations will be accepted and qualify as non-taxable donations under section 170 (b) (1) (a) of the Internal Revenue Code. Donations from individuals qualify as tax deductible.

(Courtesy of Navy-Marine Corps Relief Society, Arlington, VA)

## Take a day off from smoking

Nov. 21, 1991

Nov. 21, the third Thursday of the month, will be the Great American Smokeout, and Naval Hospital Oakland (NHO) will participate in support of the Society. NHO's goal this year is to have a tobacco-free environment all day long. All NHO personnel, both military and civilian, along with all patients, are encouraged to "PARK THEIR BUTTS" and "LEAVE THEIR PACKS BEHIND" and make this day both a success and the first day of a tobacco-free environment and way of life. Point of contact for further information on this event and the smoking cessation programs is the Wellness Department at 633-8851.



## Veterans Day ceremony held at State Memorial

California Department of Veterans Affairs (CDVA) and the American Legion, 6th District, combined forces to create the Veterans Day Observance, Nov. 11.

Held at the California Vietnam Veterans Memorial, Capitol Park, in Sacramento, the program featured music by The American Legion band, Post 61; 59th Army Band, California National Guard and the Bella Vista High School Madrigal Choir.

The ceremony recognized the USA's newest group of veterans, the men and women of Operations Desert Storm and Desert Shield; acknowledged the 50th anniversary of the beginning of World War II and commemorated the 70th anniversary of the Cal-Vet Home Loan Program. The theme for the event was "Honoring All Who Served."

## Governor OKs benefits for Gulf War veterans & families.

SACRAMENTO, CA — The USA's latest group of veterans and their families may now buy a home or attend college using Cal-Vet benefits, thanks to a new law signed by Governor Pete Wilson.

Assembly Bill 270, effective immediately, extends eligibility for Cal-Vet Home Loans to veterans of the Gulf War and educational assistance to their children.

The measure also provides the benefits to reservists and National Guard members ordered to active duty for Operations Desert Storm and Desert Shield.

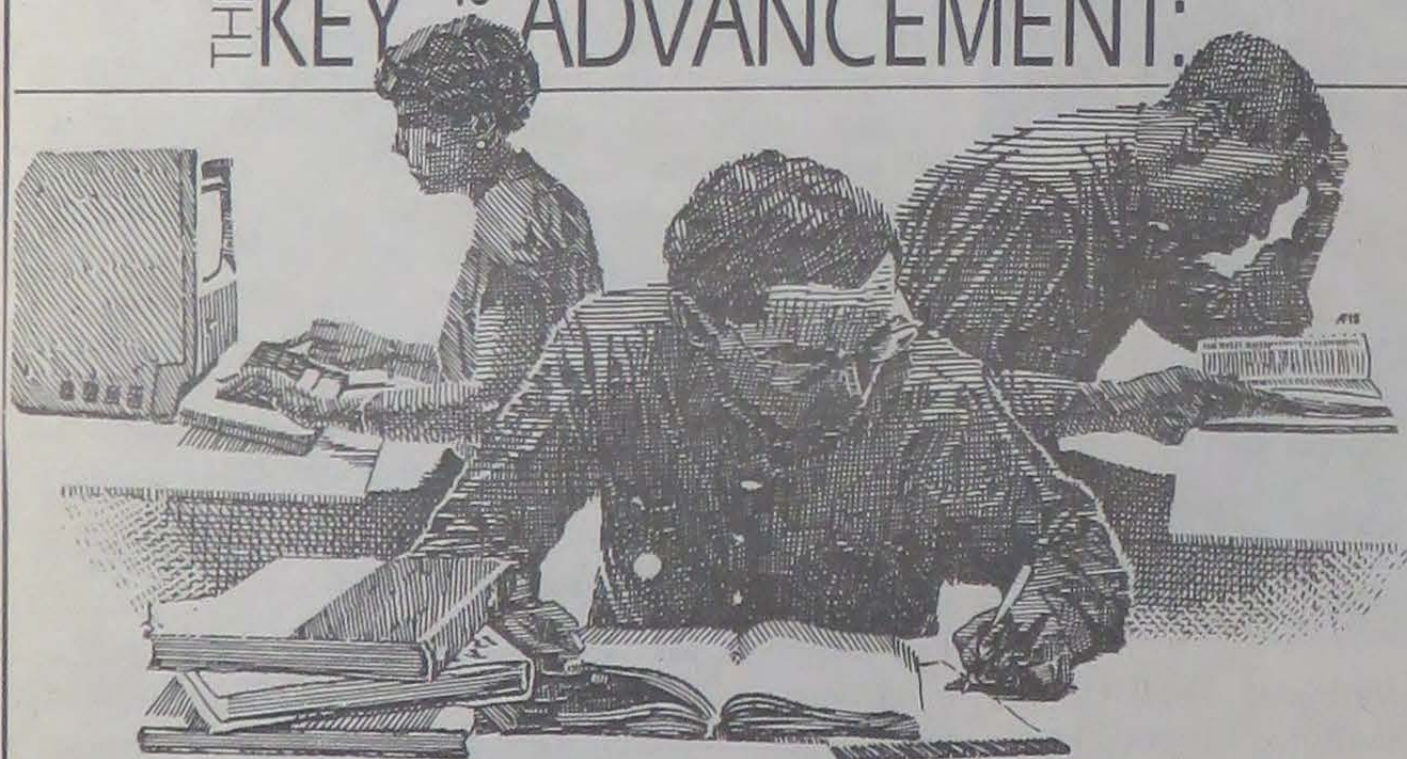
This new law recognizes the sacrifice made by California veterans and their families during the conflict," said Retired Navy Rear Admiral Benjamin T. Hacker, recently appointed as director of the California Department of Veterans Affairs.

"During the war, we displayed a yellow ribbon around the capitol dome symbolizing our support of the troops. Dan Hauser's bill takes us a step beyond," said Hacker. Under the new law, Cal-Vet can provide up to \$125,000 at eight percent interest to eligible and qualified California veterans who served during the Gulf war. In about 35 days, Cal-Vet can finance the purchase of a home, farm or mobile home used as primary residence by the veteran. Secondary financing may be accepted.

Additionally, the new law authorizes children of totally disabled or deceased veterans to receive a waiver of tuition and registration fees while attending any California State university, University of California, or a California community college.

For more information about Cal-Vet Home Loans, call 1-800-952-LOAN. For further details about the college fee waivers, call 916-653-2573. Local CDVA district offices or county veteran service offices may also be contacted for additional information. They are listed in the white pages of the telephone directory under state and county government offices, respectively.

## THE KEY TO ADVANCEMENT:



## EDUCATION

## Budweiser and USO offer \$1,000 scholarships for 1992-1993

Budweiser and the United Services Organization (USO) are now offering \$1,000 scholarships to those eligible. They are:

Family members of active-duty military (children and spouses only), who have graduated from high school within the last four years (cut off date is 1988). Family members of retirees, honorable discharge, medical discharge, National Guard

and reservist (unless activated) are not eligible.

All entries for the scholarships must be post-marked by March 1, 1992, and along with your entry you must include the following: signatures, verifications, recommendations and transcripts.

The winners will be selected according to scholastic achievement. A portion of the

scholarships will go to family members of enlisted personnel, another to families of military serving overseas. Coast Guard considers Alaska and Hawaii overseas duty.

Application forms for the Budweiser/USO Scholarship Program for 1992-1993 are available by calling (415) 391-1657 or visiting your local USO office.



The Navy's First Commissioned Hospital Ship

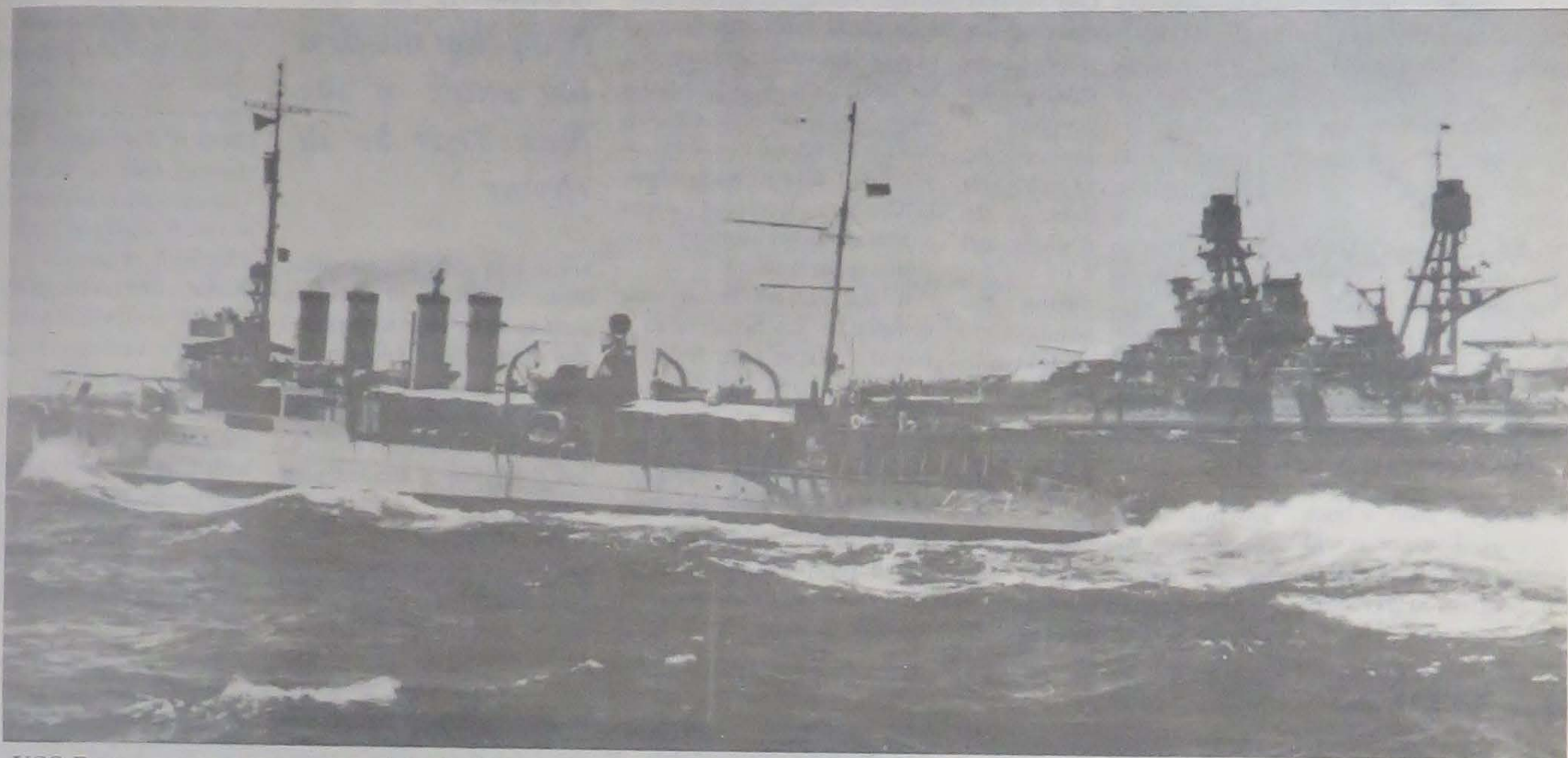
# The Red Rover



Volume 3-Number 16

Naval Hospital Oakland, California 94627-5000

December 6, 1991



USS Ramsay on maneuvers with the battle fleet in Pearl Harbor area shortly before WWII (Official U.S. Navy photo)

## Oak Knoll Remembers Pearl Harbor

By Andree  
Marechal-Workman

On Dec. 7, 1991, we will commemorate the 50th anniversary of the attack on Pearl Harbor. According to Secretary of the Navy, H. Lawrence Garrett, III, this will give the United States Navy and Marine Corps team an opportunity to honor the veterans of World War II and acknowledge the sacrifices made five decades ago by them and the American people at home supporting this unprecedented effort.

The following feature honors one Oak Knoll family whose history has long been associated with this command. Although Hadwick A. Thompson wasn't directly involved with Oak Knoll during WWII, he is a Pearl Harbor survivor whose wife and children have been associated with the hospital

in one capacity or another. His wife, Lily, came from Oakland Army Base in 1953 and retired from the commands's Quality Assurance Department in 1986, after 42 years of federal service. She has been a Red Cross volunteer ever since, working diligently in the agency's Patient Information Center.

Their son, Hadwick C. Thompson, who joined the Marines during the Vietnam conflict, spent a year at the hospital after being wounded and awarded the Purple Heart.

Together with their daughter, Michele, Hadwick A. and Lily Thompson are affiliated with the Oakland Chapter of Navy League — Hadwick (Alvin) as its president, Lily as its secretary. The Navy League supports Family Services activities, and the Thompsons are

familiar figures throughout the command. They were prominent during USNS Mercy's homecoming and at the June 14 parade honoring Desert Shield / Storm troops in Oakland.

### Hadwick A. Thompson

At 7:30 a.m. on Dec. 7, 1941, Hadwick A. Thompson was standing on the port side of the railing aboard USS Ramsay (DD-124) when he heard a deafening explosion. He was 22 and, although he didn't know it at the time, he was about to make history as one of the survivors of the Pearl Harbor attack.

"I'd just come back from a liberty I had spent with some civilian friends from the Bay Area," said the tall, handsome former Navy steward. "I heard planes coming, then a loud explosion [that seemed to come from] Ford Island. And

when I saw the rising sun on the tail of the planes, I knew we were being attacked."

Thompson, who is a proud member of Sub Vets of WWII, Number 0075, joined the Navy "right out of high school" and came aboard the Ramsay after boot camp in 1939. He was raised on a farm where "he did a lot of hunting," so he knew exactly what to do when his gunnery officer handed him a 30-caliber machine gun.

"Lieutenant Ockley told me to go to the flying bridge," Thompson recalled, "and I remained there shooting at planes. I didn't have time to think but, between bursts, I could see [Japanese] planes dropping torpedoes in the water. I saw [American] ships fall over and sailors on the ships' sides scrambling to get in the water."

From that point on it was Pandemonium come to life,

according to Thompson. "We were going out on [offshore] patrol duty as bombers were coming in," he said, speaking of untold crisscrossing enemy nose dives over the American fleet, wracking ruin and death in their wake.

"We thought the Japanese forces were going to invade the Islands," Thompson explained. "But they weren't interested in destroyers. They opened on the American bombers that came to the rescue. We got away, and were ordered to offshore submarine patrol duty."

The Ramsay crew did the Navy proud and, as recorded in the Dictionary of American Fighting Ships, by 9 a.m., they had "released 10 depth charges; then watched an oil slick spread over the attack area. She damaged and possibly had sunk one of the

See Remembering pp. 4, 5



# Perspectives

## From the Command Master Chief

*Wishing all of you a happy, healthy and safe holiday season*



HMCM (SS) Thomas M. Grieb

The holiday season is once again upon us. Some of us will be fortunate enough to be able to spend the holidays on leave with family and friends.

unwind when you get the opportunity; however, I ask you to use some plain, old-fashioned common sense so you will prosper and live healthfully

I don't want to spoil the holidays for you, but it is important that we discuss the fact that many of our young sailors wind up in the hospital or even in the graveyard due to drinking and driving during the holidays. I understand the need to be a part of the group and to let go and

into the new year.

If holiday parties and family reunions are in your plans this season, keep in mind the following suggestions. If you have been drinking, take a taxi home or identify a designated driver. Ask if you can spend the night on the sofa or take a motel room within walking distance of the festivities. If you attend a New Year's party or concert, make reservations at a motel so you don't have to worry about getting home. If you can't afford a hotel, consider using a taxi or public transportation.

If you are driving a long distance to get home or to a friend's place, take frequent breaks. If you feel yourself getting sleepy while you're behind the wheel, pull off the side of the road, lock your doors and catch a couple of hours sleep. Better to pull off yourself than to fall asleep and have your car hit a guard rail or another car.

While driving, don't let it

become too warm inside the vehicle. Crack the window and let a little cool, fresh air inside. This will help keep you alert.

*There is a tradition in the Navy that the first log entry of the New Year be in rhyme.*

Try to find some upbeat music on the radio that will make you want to snap your fingers and sing along. See if you can find someone willing to share the driving chores and expenses. Put a note on the bulletin board to see if anyone is headed your way.

An unfortunate fact of Navy life is that not everyone can take leave during the holidays. Many of us will be on duty. Just

because you have work doesn't mean you can't enjoy the spirit of the season. I have been at commands where single people volunteer to stand Christmas duty for those who have families. In turn, those with families volunteer to stand New Year's duty for the single sailors. Many families share Thanksgiving and Christmas dinner with their single co-workers, bringing them plates of food while they are standing duty on the holidays. There is a tradition in the Navy that the first log entry of the New Year be in rhyme. If you have the duty, why not challenge your fellow watchstanders to a friendly competition to see who comes up with the best log entry of the New Year. Whether you are able to spend the holidays with family or friends, or stand duty this holiday season helping to provide quality medical care to our beneficiaries, I would like to wish all of you a happy, healthy and safe holiday season.

## CHAMPUS

### Diagnosis related group cost-share revised

The CHAMPUS diagnosis-related group (DRG) daily cost-share for most civilian hospital admissions has changed.

#### Daily rate

The daily rate for most hospital admissions that occur on or after Oct. 1, 1991, is \$241 — not the \$317 figure that was recently published in the Federal Register.

CHAMPUS-eligible persons who are not the dependents of active-duty service members will pay either the fixed daily \$241 rate, or 25 percent of the hospital's billed charges, whichever is less. Active-duty family members' cost-shares aren't affected by the DRG rates. They'll still pay a small daily fee (\$8.95, as of Oct.

1) for each day in a civilian hospital, or a total of \$25 for each hospital stay, whichever is greater.

#### Information

For more information about DRG payments, contact the health benefits advisor at the nearest uniformed services medical facility.

## ATTENTION ALL VETERANS

In regard to the article, "Governor OKs benefits for Gulf War Veterans and Families," on page 8 of Red Rover Volume 3 Number 15 published Nov. 19 — Only veterans who served in the Persian Gulf theater and received either a campaign ribbon or expeditionary medal are eligible for Cal-Vet loans described in the article.

A list of questions and answers are available at the Public Affairs Office. Call 633-5918 or drop in at Building 73-C between 8 a.m. and 4 p.m. if you need further clarification about eligibility.

### Red Rover

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#### Executive Officer

Captain Noel A. Hyde

#### Public Affairs Officer

Paul W. Savercool

#### Assistant Public Affairs Officer

JO1 Kay Lorentz

#### Editor

Andree Marechal-Workman

#### Editorial Assistants

JO2 Stephen R. Brown

JOSN Kyna S. Kirkpatrick

## Naval Hospital Oakland November Awards

### Meritorious Service Medal:

CAPT Taub

### Sailor of the Month for October:

HM2 Raol Rimorin

### Semi-Annual Leadership Award:

HMC Comer

### Navy Achievement Medal (First):

LT Mallak  
HM2 McKechnie  
MS2 Mitchell  
HM3 Alcantara  
HN Kimball

### (Second):

ENS Henderson  
SKC Deguzman  
LCDR Nordling  
LCDR Seeley

### Good Conduct (First):

HM2 Powell  
HM2 Robbins  
HM3 Mumme

### Outstanding score on the September 1991 PRT:

CDR Carlson  
LCDR Martin  
LT Butcher  
LT Lemons  
LT Rice  
HN Vaughn

### Length of Federal Service Awards (10 years):

Larina Balacy  
Florenca Matabuena  
John Shepardson  
Majorie Williams



# Admiral's Call

By Andree Marechal-Workman

There was mostly good news during the Admiral Call on November 20 in the Clinical Assembly. The best news was that Navy Medicine has been protected from Department of Defense's (DoD) downsizing and the command has no plans to reduce its forces — civilian or military. The bad news was that budget crunch is a reality, and the command will have to do more with less.

"The surgeon general assured us that, for the next two or three years, Navy Medicine has been protected," Oak Knoll Commanding Officer, Rear Admiral William A. Buckendorf, told civilian personnel in one of his several Admiral Calls recently. "By congressional language and an agreement between the surgeon general and the Chief, Bureau

of Naval Personnel, Navy medical numbers have essentially been kept at a stable level, and we do not anticipate any appreciable cuts between now and 1995."

Stressing that he plans to implement the principles of Total Quality Leadership (TQL) to compensate for DoD budget cuts, the admiral reinforced that he wants to establish a stable [civilian] work force and a stable work environment. "So I do not anticipate that you folks need to fear for your jobs at this command," he said with conviction. "But in order to do that, we have to become more cost conscious, more efficient and more effective."

"You will hear that there is a reorganization going on at Naval Hospital Oakland," he said. "However, basically, all it means is moving some departments from the Resources and Administration



NHO civilians are "all ears." (Official U.S. Navy photo by HM2 James Sandridge)

Directorates to a new one called Base Operating Support.

"We're also trying to make the organization more horizontal in order to facilitate communications and remove artificial barriers."

RADM Buckendorf addressed the problem of sexual harassment at length and urged personnel to refrain from sexual offenses. "We will not tolerate unprofessional behavior," he emphasized. "We will not tolerate sexual harassment and we will not tolerate any action

that demeans the dignity of another. Get the word out to your people and enforce this policy with all your ability. Our people deserve nothing less."

The major issue raised by the audience during a question-and-answer period was the severe parking shortage at the hospital. Several solutions were explored, but the admiral had no firm answer beyond encouraging communication through the "Listening Box" and other methods available at the command.

Among other issues raised were reduction in force by attrition, January pay raise, ward standardization and need for additional medical transcriptionists.

I encourage each and everyone of you to ask yourself each day, 'what can I do to improve on my job,' and follow through — bringing any suggestion you might have to upper management," RADM Buckendorf concluded.

## Quality Improvement Update

*NHO Department Heads move forward toward Total Quality Leadership*



Department Heads from Naval Hospital Oakland, Naval School of Health Sciences, Naval Hospital Lemoore and the Dental Command attend a two-day TQL Awareness and Training Session Nov. 12-15. (Official U.S. Navy photos by HM2 James Sandridge)



### Some attributes of a leader

- \* Understands the meaning of a system and how the work of the group is to support these aims.
- \* Cooperates with all stages in a process toward system optimization.
- \* Understands differences in people; tries to create joy in work.
- \* Is coach and counsel, not a judge.
- \* Develops knowledge and personality as sources of power.
- \* Determines who is in need of special help.
- \* Creates trust; creates freedom and innovation.
- \* Does not expect perfection.
- \* Listens and learns without passing judgement.
- \* Understands benefits of cooperation and losses from competition.

Traditional Manager	→	Total Quality Leader
Technical Advisor	→	Teacher
Decision Maker	→	Decision Implementation
Problem Solver	→	Team Leader
High Technical Skills	→	High People Skills
Supervise Individuals	→	Supervise Teams
Give Direction	→	Shape Direction
Vertical Orientation	→	Vertical and Horizontal Orientation
Boss	→	Resource Person
Management of Certainty	→	Management of complexity

## Women in the military receive Service Memorial

On March 1, Army Major Marie Rossi died in the call of duty in Operation Desert Storm. Like the hundreds of thousands of women before her, she answered America's

call. From the Revolutionary War to the Persian Gulf, servicewomen have served, healed and died. They have also gone unrecognized — until now.

The Women in the Military Service America Memorial will publicly enshrine the achievements of servicewomen past, present and future. This memorial is

to be built at the main gateway to Arlington National Cemetery in Washington, D.C., and will be a place of honor where stories of service and sacrifice are recog-

nized. It will also serve as an inspiration for all. For more information or to register yourself or a friend as a Charter Member, call 1-800-I-SALUTE.



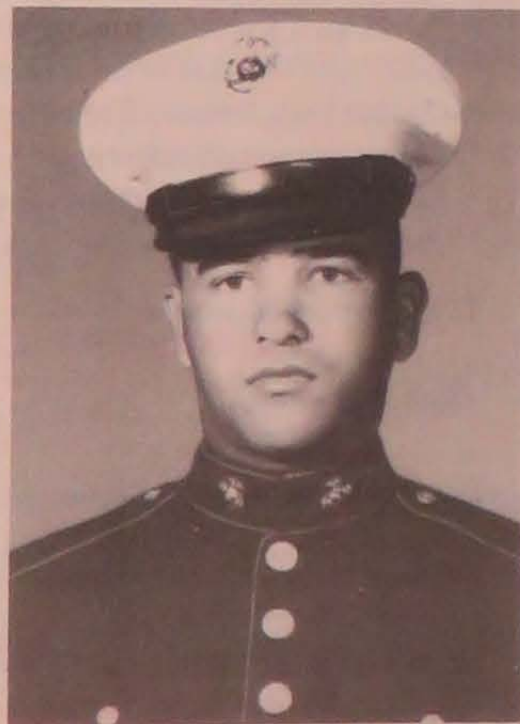
# Remembering Pearl H

*Dec. 7, 1941*



Mr. and Mrs. Hadwick A. Thompson as they look in 1991. (Official U.S. Navy photo by HM2 James Sandridge)

A Marine Vietnam veteran, Hadwick C. Thompson, was stationed at Oak Knoll's Reserve Liaison Office during the time he was on medical hold, recuperating from his wounds. (Photo courtesy of his father, Hadwick A. Thompson)



## *Remembering*, continued from page 1

midget submarines used by the Japanese in the attack."

In 1942, Thompson transferred to USS Pollock, (SS-180), a submarine that operated out of Bongo Straits in Tokyo Bay. He won many medals during his fighting tour, and will never forget "the 52 degree angle dive the Pollock made when her flappers jammed."

Thompson was discharged from the Navy in 1945, after being treated for

an ulcer at Naval Hospital Oakland in that same year.

"I enjoyed my fighting tour," he said proudly, "especially when I beat the Pollock's executive officer and navigator, LT Gus Weinel, at chess.

LT Weinel was not so lucky, however. According to Thompson, he took command of a new submarine on his next patrol and went down with his ship.



Hadwick A. Thompson displays the medals he was awarded



Hadwick A. Thompson poses for the camera during a liberty with a civilian friend in 1941. (Photo courtesy of Hadwick A. Thompson)



# Harbor

## 1 - Dec. 7, 1991



WWII. (Official U.S. Navy photo by HM2 James Sandridge)



Hadwick A. Thompson in 1941. (Photo courtesy of Hadwick A. Thompson)

## MUSEUMS COMMEMORATE WORLD WAR II

TREASURE ISLAND, CA — To commemorate the 50th anniversary of the beginning of WWII, on Dec. 7, Treasure Island Museum is opening an exhibit entitled *From Manila Bay to Midway*. Through the use of archival newspapers, memorabilia and models, the exhibit tells the story of the changing fortunes of the American naval forces in the Pacific. Spanning the time between the battles of Manila Bay and Midway, the exhibit provides an historical background to the Japanese attack on Pearl Harbor and America's entrance into the war. Changing public opinions leading up to and during the beginning of the war are illustrated through popular magazine covers, newspaper banners and lapel buttons of the era.

The centerpiece of the exhibit is a replication of the *Battle of Midway*. Museum visitors may step into a plane mock up to view from above a reenactment of the battle, using scale models and audio from cockpit conversations of flyers witnessing the event. The confusion and emotions

experienced by those at Midway are dramatically presented in this portion of the exhibit.

Other Northern California museums, military and civilians, commemorating the anniversary are: The Vallejo Naval and Historical Museum, the Petaluma Museum, the Allen Knight Maritime Museum in Monterey, the Vacaville Museum, the Presidio and Jewish Museums in San Francisco, the San Mateo County Historical Society, the Oakland Museum, the Bay Model Visitor Center in Sausalito, the Western Aerospace Museum in Oakland and the Travis Air Force Base Museum in Fairfield.

Also in observance of Pearl Harbor Day, two San Francisco historical sites will host memorial services on Dec. 7, the SS Jeremiah O'Brien and the USS Pampanito. The public is invited to attend the service aboard the O'Brien and explore the liberty ship afterward. Entitled "Still on Patrol," the Pampanito's service honors submarines lost during WWII.



Edward Von der Porten, Treasure Island museum director (right), leads museum docent John Michaud through an exhibit commemorating WWII, under construction at the museum. The exhibit, entitled *From Manila Bay to Midway*, will open Dec. 7th. (Official U.S. Navy photo by Dave Sims)



## Naval Hospital Oakland Management Information Department Up Close

**What is your job?** Deputy department head.

**Marital status:** Married.

**Spouse:** Mary Ann Suerth.

**Children and ages:** Robert Davis, 32; Michael Davis, 30; Linda Geier, 25; Donna Davis, 23.

**Hometown:** Boise, ID.

**Hobbies:** Woodworking, reading, travel, skiing and climbing.

**Likes:** Outdoors, family and learning new things.

**Dislikes:** Noise, crowds and long meetings.

**What is the most challenging part of your job?** Delivering high quality, complete services that meet the customer's needs within constrained resources.

**What is your immediate goal?** Complete the networking of Naval Hospital Oakland.

**What is your long-term goal?** Develop and implement a fully integrated, command-wide decision support system.

**If I could do it all over again, I'd:** Not change a thing.

**I wish I could stop:** Smoking and losing my patience with imperfection (both in myself and others).

**I respect myself for:** Mental organization, calculating risk taking, willingness to learn new things and love for my family.

**Role models/ heroes:** Albert Einstein, Stephen Hawking and Allan Suerth (my father).

**Special comment:** Since coming here in August 1979, I have been privileged to work with some of the finest people in the Navy and participate in some truly remarkable and significant changes.



Rick A. Suerth

**What is your job?** I receive and input all pink sheets for branch clinics and Naval Hospital Oakland, and am the contact point for morbidity reporting.

**Marital status:** Divorced.

**Children:** David Williams.

**Hometown:** Chicago, IL.

**Hobbies:** Reading classic books, playing classical piano and playing sports.

**Likes:** Cooking, rain storms, quiet evenings, old movies and saying what I believe.

**Dislikes:** Pushy, demanding people and losing.

**What is the most challenging part of your job?** Dealing with such diverse types of people, and forcing myself to learn more and be better at what I do.

**What is your immediate goal?** To go back to school.

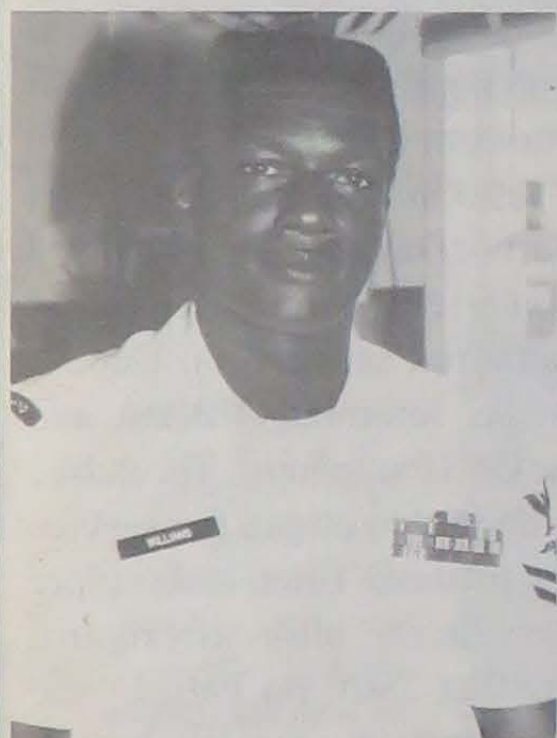
**What is your long-term goal?** To have peace of mind and financial stability.

**If I could do it all over again, I'd:** Have stayed in school and got a degree.

**I wish I could stop:** All the drug use by kids and the killings these kids commit.

**I respect myself for:** Saying what I believe and being in emotional control (most of the time).

**Role models/heroes:** My grandfather (John Hoskins) and my mother (K.E. Foreman).



HM2 Frederick Williams

**What is your job?:** I help provide support to microcomputer users by teaching software classes such as WordPerfect, and helping them with their hardware or software problems.

**Marital status:** Married.

**Spouse:** Darrell Zamacona.

**Children and ages:** Brian, 15; Amanda, 12.

**Hometown:** Kensett, IA.

**Hobbies:** Reading, knitting and collecting dust balls.

**Likes:** Chocolate, rock and roll and straight-forward people.

**Dislikes:** People who constantly complain and whine and those who can't pronounce my name.

**What is the most challenging part of your job?:** Learning. There is so much information and different types of hardware, operating systems and programs. The technology changes very fast.

**What is your immediate goal?:** To survive my children's teenage years.

**What is your long-term goal?:** Travel around the world.

**If I could do it all over again, I'd:** Have stayed in school.

**I wish I could stop:** Craving cigarettes.

**I respect myself for:** Looking for the positive in people or situations.

**Role models/heroes:** My parents.

**Special comment:** I've worked at Oak Knoll for 10 years and I've really enjoyed it — especially because of the wonderful people I've worked with.



Andra Zamacona

## From the Chaplain



### "A Time for Silence"

By CDR Richard  
Mattie, CHC, USN

The Kentucky days were warm and pleasant. It was early November and leaves were scattered on and about the monastery grounds. Ten miles from Bardstown, just off the Blue Grass Expressway, is the Abbey of Gethsemani where I recently spent four days on retreat. Having been founded in 1847, the Abbey has a fixed place amid the Kentucky countryside.

Returning to this cherished place is to be with eighty men who live a quiet, spiritually regulated life. They are called monks. They come from every walk of life, from different areas of the country, of different age levels, for different reasons. The monks keep no earthly possessions for themselves, giving up the pleasures and problems of the world -- yes, even their family name. They live a common life in a religious community.

Though the religious life they now live is not as strict as it once was, there is a quietness and "settleness" that makes the Abbey of Gethsemani an ideal place to make a retreat, to get away from it all. Here, there is a genuine respect and consideration for each others' well-being. There is also an underlying joy in all that the monks say and do. There is a balanced life of prayer, work and study.

Not all are called to live this type of life. I, for one, am grateful to these saintly men for providing the Retreat House as a place for rest and relaxation, a place to recoup lost spiritual and physical energies. The guest list included physicians, lawyers, priests and several factory workers. One had signed himself as a "retired-monk." I later learned he was a retired Marine gunnery sergeant who just recently, after 20 years at the Abbey, had left the Navy.

A Navy corpswoman told me some years ago that she had very little privacy in her busy, hectic life. I asked her where she went for some quiet-time. She replied that the only place to get any privacy was alone in her automobile.

We all need private-time. There are moments when we need to be alone; like the privacy of our hospital chapel, or a retreat house. God speaks in silence. We need to hear his voice. He cannot be heard amid the noise and confusion that seems to be all about us. It is in quiet surroundings that we get back in touch with our real selves, with God, and see life as it really is.

The morning I was to leave, I sat wondering what prompts physicians, lawyers, priest and factory workers to return to the Abbey. The words taken from Psalms 130 came to mind and summed it up: "Truly I have set my soul in silence and peace."



# Thrift Savings Plan open season

The next TSP open season begins Nov. 15, 1991 and ends Jan. 31, 1992. During this open season, you may begin contributing to the TSP, change the amount of your TSP contributions, or allocate TSP contributions to your account among three investment funds.

You may invest all or any portion of your TSP contributions in any of the three TSP investment funds: the Government Securities Investment (G) Fund, the Common Stock Index (C) Fund and the Fixed Income Index (F) Fund. This is true whether you are covered by the Federal Employee's Retirement System (FERS) or the Civil Service Retirement System (CSRS).

**Who is eligible.** You may make a TSP election this open season if your latest appointment to a position covered by FERS or CSRS was made before July 1,

1991 or if your latest appointment to a position covered by FERS or CSRS was made before Jan. 1, 1992, and you had been eligible to participate in the TSP during a prior open season.

If you stopped your TSP contributions before Aug. 1, 1991, you may resume your contributions this open season. If however, you stopped your contributions after July 31, 1991, you may not begin contributing again until the TSP open season beginning May 15, 1992.

**How the investment opportunity affects FERS employees.** Even if you are not making employee contributions, you may still make a TSP election to invest all or any portion of your Agency Automatic (1 percent) contributions in any of the three funds. This is true even if you are not able to make an election

to contribute this open season because you stopped contributing after July 31, 1991.

If you are making employee contributions, your investment election applies to all contributions to your TSP account; i.e., employee, Agency Automatic (1 percent) and Agency Matching contributions.

**How to make an open season election.** Submit a completed Election Form, TSP-1 (dates 2/91 or 9/90) to Civilian Personnel Department. You can obtain this form from your supervisor or the Civilian Personnel Department.

**When open season elections become effective.** If the Civilian Personnel Department accepts your election before Jan. 11, 1992, it will be effective Jan. 12, 1992. Your paycheck dated Feb. 4, 1992 will reflect this election. If you make an open season election after this date, it will be

effective on the first day of the first full pay period after it has been accepted by Civilian Personnel.

## Where to get more information about the TSP.

The booklet "Summary of the Thrift Savings Plan for Federal Employees," dated September 1990, describes the TSP in detail. If you do not have a copy of this

plan summary or have any questions about the TSP, contact Sydney Santos at 633-6374. Please read it before making a TSP election.

You have already received the flyer "Open Season Update, Nov. 15 to Jan 31, 1992." This flyer contains basic information about this TSP open season.

## Civilian Personnel Note

The National Academy of Administration will present a symposium on Downsizing Public Organizations. It will be held Dec. 4-5, in San Francisco. The cost is \$225 per person. It is designed to address how public managers at all levels of government can effectively manage downsizing. Topics to be covered include: "How to plan and prepare staff reductions and organizational streamlining," "How to treat employees fairly and minimize adverse impact," "How to deliver to the taxpayer with fewer resources," "When basic services have to be reduced ... where to start ... where to go for help," "What can be learned from the private sector," and "What approaches work and which ones do not." Additional information may be obtained from Sydney Santos, Civilian Personnel, extension 3-6374.

## Thrift Savings Plan Fact Sheet Update

Listed below is the Thrift Savings Plan Fact Sheet that provides monthly returns for the 12-month period ending September 1991 for the three investment funds: Government Securities Investment Fund (G Fund), the Common Stock Investment Fund (C Fund) and the Fixed Income Index Investment Fund (F Fund).

The C Fund is invested in the Wells Fargo Equity Index Fund which tracks the S&P 500 stock index. The F Fund is invested in the Wells Fargo Bond U.S. Debt Index Fund which tracks the Shearson Lehman Brothers Aggregate bond index. The G Fund is invested in special issues of U. S. Treasury securities.

The monthly C, F, G Fund monthly returns are dollar-weighted: They reflected net earnings on the changing balances invested during the month. The C, F and G Fund returns for the

last twelve months assume, except for the crediting of earnings, unchanging balances (time-weighting) from month to month and assume earnings are compounded on a monthly basis.

The C and F Fund returns vary from the Wells Fargo returns because of C and F Fund expenses and changing balances in the C and F Funds. The Wells Fargo returns are time-weighted; they assume constant dollar balances invested during each month and throughout the period.

Future performance of the three funds will vary and may be significantly different from the returns shown above. See the "Summary of the Thrift Savings Plan" for detailed information about the funds and their investment risks. Point of contact for further information is Sydney Santos at 633-6374.

Months	C Fund	Wells Fargo Equity Index Fund	F Fund*	Wells Fargo U.S. Debt Index Fund	G Fund
1989 (Jan.-Dec.)	31.03%	31.61%	13.89%	14.45%	8.81%
1990 (Jan.-Dec.)	(3.15%)	(3.19%)	8.00%	8.89%	8.90%
1990 October	(.46%)	(.43%)	1.32%	1.27%	.76%
November	6.36	6.45	2.15	2.16	.70
December	2.72	2.77	1.46	1.57	.70
1991 January	4.55	4.37	1.15	1.29	.69
February	7.07	7.13	.86	.81	.62
March	2.40	2.40	.67	.67	.68
April	.18	.22	1.05	1.08	.66
May	4.30	4.28	.57	.58	.68
June	(4.49)	(4.53)	(.01)	(.04)	.66
July	4.63	4.65	1.40	1.42	.69
August	2.37	2.35	2.12	2.16	.69
September	(1.63)	(1.68)	1.99	2.03	.64
Last 12 Months	31.10%	31.04%	15.75%	16.04%	8.48%

Percentages in ( ) are negative. \*Through 1990 the F Fund was invested in the Wells Fargo Index Fund.

## Christmas stockings for veterans

North Bay ombudsmen are sponsoring their fifth annual drive to provide the Yountville Veteran's Hospital with a little extra Christmas cheer. These veterans served our country in wars from World War I through the Desert Storm era. Many of the 1,400 veterans in the hospital have no family or friends to help celebrate the holidays and not enough money to provide themselves with personal care items that can make institutional life tolerable.

North Bay Area ombudsmen would like to fill at least 500 stockings with personal care items, holiday treats, and cards for those veterans spending their holidays alone. Won't you please help?

If you would like to donate items or money to purchase items, please call Ms. Betty Harris, Mare Island Family Service

Center (FSC) program coordinator, at (707) 646-2527/2188 or autovon 253-2537/2188. Items needed include toiletry articles for men and women (combs and brushes, shampoo, powder, soap, colognes, etc.); paperback books; puzzles and games; cotton socks; cookies and candies; home-made cards and decorations.

We need people to help stuff stockings and to carol at the hospital. Last year over 40 people caroled with us and, with the generous help of many, we stuffed more than 500 stockings. Join us; we guarantee that this will be one of your most memorable events of the holiday season.

Schedule of events and deadlines are as follows:

Deadline to receive donations and first night to stuff stockings: Wednesday, Dec. 11.

Second stocking stuffing event: Monday, Dec. 16 at 12 noon.

Final date to receive baked goods and stockings: Thursday, Dec. 19. At 12:30 p.m., we leave to carol and deliver stockings to the hospital.

## Cal-Vet on duty helping veterans with homes damaged by Bay Area Fire

SACRAMENTO, CA. — Help is available for veterans with Cal-Vet homes destroyed or damaged in the Oakland-Berkeley fire.

"As we did in the aftermath of Loma Prieta, Cal-Vet is ready to assist veterans and families to recover from this latest tragedy," said retired Navy Rear Admiral Benjamin T. Hacker, director of California Department of Veterans Affairs (CDVA).

To report a fire insurance claim, CDVA is encouraging Cal-Vet homeowners to call the General Adjustment Bureau (GAB) toll free at 800-626-5410, Monday through Friday, 8 a.m. to 5 p.m.

For emergencies at any other time, call 800-621-5410. Veterans may also contact Cal-Vet's Concord office immediately at (510) 676-5152 for assistance, or they may wish to visit the office at 2520

Stanwell Drive, Suite 160, in Concord.

Under contract with Cal-Vet, Cravens-Dargen and Company administers fire insurance on all Cal-Vet properties except mobile homes and some condominiums. GAB, under contract with Cravens-Dargen, adjusts all fire insurance losses for Cal-Vet.

The fire insurance does not cover damage to personal property or contents. However the Cal-Vet policy covers additional living expenses if the veteran must move to a temporary residence while the Cal-Vet property is repaired or rebuilt.

To contact CDVA in Sacramento, the toll-free number is 800-952-5626.

Point of contact for further information is Steve Janosco, Acting Chief, Legislative and Public Affairs Office, 1227 "O" Street, Sacramento, CA., 95814, or phone at (916) 653-2561.



# Burnout: cause and effect

By Vicki Caldwell

WASHINGTON (NES) — There is no standard definition of burnout. New York psychoanalysts Herbert Freudenberger and Geraldine Richelson, in their book, *Burnout, the High Achievement*, state that to burnout is "to deplete oneself, to exhaust one's physical and mental resources, to wear oneself out by excessively striving to reach some unrealistic expectation imposed by oneself or the values of society."

Burnout is a serious problem. The burnout victim is disillusioned, irritable, exhausted and

depressed. He or she loses touch with family and friends — to their loss as well as his or her own.

The cost of burnout in inefficiency and wasted dollars is staggering. The burnout victim becomes the clock watcher, the chronic absentee, the work dodger and the negative cog in the wheel. Burnout victims are not as enthusiastic, motivated or as energetic as they once were.

The cause of burnout is a mismatch between efforts and results. Burnout victims start out full of fire and good intentions, but their efforts are not rewarded in kind. The stress,

which causes burnout, is cumulative. It does not just go away. The impact shows up in men and women in their late twenties or early thirties, and it tends to afflict the super copers and doers the most.

Most burnout victims blame themselves for their misery, but the fault more often lies in their environment. The person experiencing the phenomenon must come to the realization that there is very little he or she can do to change the organization, much less the society that spawns burnout. However, it is up to the individual worker to do what he or she can within those param-

eters. What the individual can do is become aware of the problem, separate work from the rest of life, develop outside interests, get additional training and abandon unrealistic expectations.

It is also a good idea to redefine the job whenever possible, or to change jobs when necessary or possible, in order to reduce the work load or otherwise improve working conditions.

Some other things that can be done are stress management techniques such as relaxation, exercise, attitude and awareness and a balanced diet. Avoid the false cures such as alcohol, drugs,

gambling and sex. These offer no more than temporary relief. Learn closeness. The burnout victim must look deep within to discover his or her true self. This is when lost energy may be recaptured.

Finally, one of the most fundamental steps to curing burnout is to "accept the given," those things over which one has no control. Once these are identified, the individual may concentrate on changing those things which can be changed.

Caldwell was program coordinator and counselor for Family Service Center, NAS, Corpus Christi, TX., when this article was written.

## Great American Smokeout

By JOSN Kyna S. Kirkpatrick

On Nov. 21, 1991, Naval Hospital Oakland (NHO) hosted the Great American Smokeout which was established in 1978, when California was the first state to observe it. The American Cancer Society sponsors this program on every third Thursday in November to promote a smoke-free environment.

"In recognition of the smoke-out the command

[wellness department] put up static displays in the Outpatient Records lobby and distributed smoke-out posters throughout the base," said head of the Wellness Department, HMCM Leo Rosario. He added that 50 packages for smokers wanting to quit were also made and distributed at the hospital.

"We didn't record statistics or have sign-up sheets for people who participated, NHO just gave people the initiative to make the command smoke-free for a day," stated HMCM Rosario.

According to the American

Cancer Society, following the first Surgeon General's Report on Smoking and Health,

the nation established stop-smoking programs. In 1971, the city of Randolph, MA., asked its residents to give up tobacco for a day. In

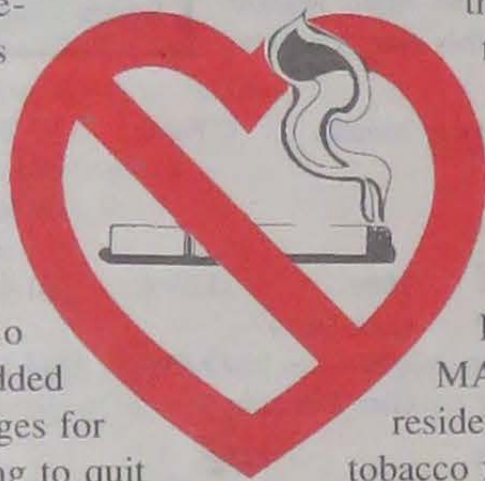
1977, California was the first state to observe and give this day the name "Great American Smokeout." In 1978, it was observed nationwide for the first time.

In the nationwide Gallup Poll of the 1990 Great American Smokeout, 37.8 percent of the nation's estimated 18.9

million smokers participated, up about one million from the previous year.

"Enthusiasm and commitment are keys to a successful smokeout strategy," said Vice Admiral J.M. Boorda, Chief of Naval Operations. VADM Boorda also stated that the Navy will have a smoke-free working environment by Jan. 1, 2000, as written in the Nov. 11 issue of Navy Times.

Referring to the Health Promotion Program Instruction (SECNAVINST 6100.5), HMCM Rosario concluded that the benefits of having a smoke-free environment at NHO and in the Navy are that, "it will help maintain an operational readiness, maximize individual performance and help reduce health care cost."



## Survey measures attitudes and priorities on personnel issues

WASHINGTON (NES) — Navy members, both enlisted and officers, had the opportunity to make their attitudes and priorities known on a variety of subjects during the second annual Navy Personnel survey done this fall.

About 24,000 randomly-selected officers and enlisted members received their questionnaires by mail during the month of October. The

surveys included questions on subjects as pay benefits, child care and housing.

"It's important to know the attitudes and concerns of sailors," said Vice Admiral Mike Boorda, Chief of Naval Personnel. "The results help us concentrate on the right programs and identify areas needing attention."

The survey was conducted for the first time October to

December 1990. Some of the findings of the first survey included:

- \* Most sailors enjoy their Navy careers and like the work they do.

- \* The six-month advancement notice for orders is a well-received initiative which sailors want continued.

- \* Leadership training, especially the Navy Leader Development (NavLead) pro-

gram, is highly regarded.

- \* Recreational services and family support programs received high marks.

- \* Most respondents perceive strong command support for equal opportunity and feel the Navy is doing things to improve the Equal Opportunity climate.

Officials plan to compare results of this survey from last year to establish trends and identify changes and attitudes. Although some other issue-specific surveys, such as the Equal Opportunity Survey, will continue to measure to-priority or sensitive issues more clearly, the Navy Personnel Survey will be a key pulse-take for the Navy.

"I urge every person who receives the questionnaire to put some honest effort into it," said Boorda. "This input

## Do a good deed over the holidays!

You can make a difference in a child's holiday season by donating now, unwrapped toys to Toys for Tots. Beginning Friday, Nov. 15, Sea West Federal Credit Union has "Toys for Tots" collection sites in each Sea West Federal Credit Union branch.

Oakland  
8750 Mountain Blvd.  
(510) 568-4100

Alameda  
Coast Guard Island  
(510) 532-5160

Petaluma  
USCG Training Ctr.  
(707) 765-1075

Long Beach - 11th Coast  
Guard District  
400 Oceangate, Ste. 608  
(213) 499-5455

Don't delay. The holiday season is fast approaching and the collection process for 1991 Toys for Tots will end the second week in December! Point of contact for further information is Robin Boyle at (510) 568-4100

## Share the "Spirit of Oakland"

The community of Oakland has extended an invitation to military personnel and their family members to participate in a day of family entertainment centered around the theme "Share the Spirit of Oakland", on Dec. 7.

Featured activities include two parades, a lighted yacht parade and a Christmas tree lighting at Jack London Square. These events are readily accessible by public transportation, and parking is complimentary all that day at Jack London

Square.

Flyers containing a schedule of events will be available at East Bay Safeway stores, and the command Public Affairs Office also has a schedule.

For more information, call 633-6367 or 633-5918.

will be used to help make informed decisions on matters that affect their careers and their lives.

Courtesy of Bureau of Naval Personnel's public affairs office.





SFMC was commissioned Dec. 19, 1988

The Navy's First Commissioned Hospital Ship

# The Red Rover



Volume 3-Number 17

Naval Hospital Oakland, California 94627-5000

December 20, 1991

## Happy holidays from the Commanding Officer



(above) CAPT Noel Hyde (left) adds his voice to Chaplain Peter Nissen to sing a Christmas carol at the tree lighting ceremony.

(right) RADM William Buckendorf (second from right) joins Chaplain Herman Kibble and other celebrants in a song during the tree lighting ceremony. (Official U.S. Navy photos by JOSN Kyna S. Kirkpatrick.)

While participating in the annual lighting of the Oak Knoll Christmas tree, I took the opportunity to reflect on the holiday season and events of the past year. One year ago, over half the staff was in the Persian Gulf, either on *USNS Mercy* or with supporting ground units. Whether celebrating

1991. The professionalism and dedication demonstrated by the staff continues to please our many customers. We have seen the satisfactory completion of a two-year building project (P-122), implementation of Total Quality Leadership principles and

another exceptional one in the history of Naval Hospital Oakland. It will begin with a Navy Inspector General (IG) visit which will document the

outstanding performance of our command. I see no reason to believe that IG will be any different than JCAHO, NAVOSH, or any of the other inspections we had over the past year. All audit results have



Christmas abroad or at home last year, it was a holiday that will be remembered in the context of world events. We are thankful to be reunited with our families and friends for this holiday season.

It is with great pride that I look back on the accomplishments of Naval Hospital Oakland and the San Francisco Medical Command during

establishment of a new cardiac surgery program. We have overcome the effects of high staff turnover during the transition from *Operation Desert Storm* to peacetime, and have enhanced our ability to provide patient care through resource sharing agreements with the CHAMPUS Reform Initiative subcontractor.

The new year promises to be

been outstanding, and I am confident that we will be equally successful with IG.

As we enter this holiday season, please accept my best wishes for a Happy Hanukkah, Merry Christmas and a safe and prosperous New Year.

### Mental Health Department

By Andree  
Marechal-Workman

A sailor has been at sea for six years, with only limited shore leaves between his tours. He is lonely, bored with the monotony of the seascape, stressed about his cramped quarters and the lack of privacy, and he is sick of seeing the same faces day in and day out. To complicate matters, he has not heard from his wife in months and, with the holiday season approaching, he worries about what could be happening at home. In short, he's depressed and overwhelmed by circumstances.

He talked to the chaplain on board, went to the local Family Service Centers for counseling when he was in port, but he needs more help than they could offer. He can no longer cope with day to day activities, and his command is concerned about his ability to perform his duties.

In short, says Commander Linda Fuller, MC, of this hypothetical scenario, that sailor is ripe for psychiatric intervention if referred by the medical officer of his command.

"That individual may be experiencing adjustment disorders and, after evaluation, we could recommend a shore duty assignment for a six-month

period to help him understand the situation and readjust," she explained.

CDR Fuller, who was acting head of Naval Hospital Oakland's (NHO) Mental Health Department at the time of the interview, was very happy to report that, by mid-December, her department would not only be reunited at NHO in one unit, but also strengthened with the addition of the resource sharing clinical psychologists heretofore assigned to the Pediatric Clinic.

"Over the last six months," CDR Fuller clarified, "the department has been in a very unusual position in that, with the combined impact of P-122 and

the closure of Letterman Army Medical Center's (LAMC) training program, Ward 5-South (In-Patient Psychiatric Clinic) was closed, and 50% of our psychiatric staff had to report TAD to provide psychiatric services at LAMC."

According to CDR Fuller, her department has played a tremendous role in the history of Oak Knoll with its residency training. In fact, she said that Captain Michael J. Little, NHO's director of Medical Services, was trained here, as are many still practicing Navy active-duty psychiatrists.

"It was unfortunate that, with the opening of the residency

training at [Naval Hospital] San Diego, the Oak Knoll program was eventually phased out," CDR Fuller continued. "But the Department itself, here at Oak Knoll, has made unlimited contributions to the hospital, and I don't think that should be overlooked."

When the In-Patient Clinic staff came back from LAMC on Dec. 11, Oak Knoll Mental Health Department staff returned to its full complement: three psychiatrists, Medical Corps officers CDR Steven Gibbs — the Department head — Lieutenant Michael Torricelli

see *HEALTHY* page 4 & 5

## Keeping military force healthy



# Perspectives

## Greetings from the Executive Officer



CAPT Noel A. Hyde

earth. Memories of Hanukkah still linger. The holiday spirit is burning brighter than ever, with Navy families back together, sharing happiness, merry making and the joys of loving and giving.

On Dec. 14, the command had its annual Christmas party, with door prizes, good food and a spirit of conviviality which, I know, will reach far into the New Year.

Many of you will be going on leave to spend time with your families and friends, sometimes driving many miles in treacherous wintry

landscapes. With just a few days until that magical Christmas moment, I don't want to spoil the mood of joy and anticipation. But I also want you to return whole and healthy, and feel dutybound to add "be careful" to my greetings.

I hope this Christmas will be a happy occasion for all of you and that its spirit will prevail throughout 1992. Be merry, be happy, but, please "be careful" and come back safely — ready to face all things the New Year will have in store for us.

The Oak Knoll Christmas tree is aglow with tinsel and lights, spreading its message of good will and peace on

## CPO Association lumpia sale



On Dec. 13, the Chief Petty Officers Association had a lumpia sale to raise funds to help the Chaplain's Office make life for needy families a little brighter during the holidays. According to

HMC Jean McColley of Preventive Medicine, \$294 were raised and presented to the head of Pastoral Care, CAPT Herman Kibble, on that same afternoon. Shown from left are HMC John Coleman of the

Laboratory, HMC Michael Gorman of Nursing Services, HMC Marty Manalastas of Pharmacy and HMC Derrick Scott of Manpower. (Official U.S. Navy photo by HM2 Cindy Malone)

## NHO December Awards

### Navy Commendation Medal: (First)

CAPT Donald Greenfield  
CDR Paul Garst  
CDR Melissa George  
CDR Bernadette Grice  
CDR Joseph Honeywell  
CDR John Miller  
LCDR Lee Ras  
LT Althea Coetzee  
LT Pamela Tucker

### Navy Commendation Medal: (Second)

CAPT Robert Cave  
CDR Richard Mattie

### Navy Commendation Medal: (Third)

CDR Ernest Ghent

### Navy Achievement Medal: (First)

LCDR Albert Cook  
LT Craig Mallack  
LTJG Charles Moore  
HM1 Edgar Alayon  
DK1 Elisha Dickerson  
PC1 Robert Medina  
HM3 Raulito Dalisay

### Navy Achievement Medal: (Second)

LCDR Carol Bohn

MSC Edison Dizon

### Good Conduct: (First)

HM2 Efren Bumanglag  
HM3 Douglas Amis  
HM3 Tony Conejo  
DT3 Robert Holt  
ABH3 Lonzie Jones  
HM3 Randall Litzenberge  
HN Sammie William

### Good Conduct: (Second)

BT2 Dionisio Gocong  
HM2 Robert Thompson  
HM2 Allen Vintola  
HM3 Scott Inglis

### Good Conduct: (Third)

EN1 Camilo Padua  
HM2 Kymyvette Jackson

### Length of Federal Service Awards:

10 years

Larina Balacy  
Richard Meyers

### Length of Federal Service Awards:

20 years

Jerry Wilsford

### Outstanding score on the September 1991 PRT:

LCDR Peter Sharkley  
LT Paul Gillbanks

### Red Rover

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### Commanding Officer

Rear Admiral William A. Buckendorf

### Executive Officer

Captain Noel A. Hyde

### Public Affairs Officer

Paul W. Savercool

### Assistant Public Affairs Officer

JO1 Kay Lorentz

### Editor

Andree Marechal-Workman

### Editorial Assistants

JO2 Stephen R. Brown  
JOSN Kyna S. Kirkpatrick

## Red Rover Listening Box

**Q:** Several comments have been received requesting Keller Gate remain open past 6 p.m.

**A:** An analysis of the number of pedestrians who utilize Keller Gate has shown that 90 percent of personnel use this entrance between the hours of operation, 6-8 a.m. and 3:30 - 6 p.m. At this time, due to staffing shortages, it is not possible to open Keller Gate for longer hours. Security can meet a group of personnel after 6 p.m., to let the group leave, but this cannot be done on an individual basis.

*S/ Rear Admiral William A. Buckendorf  
Commanding Officer*

## November Sailor of the Month

PN3 Wernher C. Heyres, who was presented the award for November Sailor of the Month, is a personnelman who works in the Enlisted Performance Evaluations section of the Manpower Department. Heyres, who is a native of the Philippines, said "the most challenging part of my job is taking care of people. I help them [enlisted] out in [completing] their evaluations and then process them meticulously so that it will help them out for advancement."

PN3 Heyres was nominated for the award by one of his co-worker, HM2 Connie L. Pfahl, and his supervisor PN1(AW) Alfredo Pineda for his outstanding performance as a 'Team Player'. "PN3 Heyres' extraordinary



professional ability, enthusiasm and exhaustible energy enables his section to smoothly process over 1,500 performance evaluations in a timely and efficient manner," said HM2 Pfahl. Congratulations to PN3 Heyres for a job well done. He is a great asset to NHO and the Navy.



# Oak Knoll gas station undergoes repairs

By JOSN Kyna S. Kirkpatrick

The Naval Hospital Oakland gasoline station is closed. Staff and base residents must now purchase gasoline off base. According to Captain John Kelly, MSC, USN, and Daniel C. Yee, the reason for the closure was due to a leak discovered in one of the three tanks being used to store gasoline. CAPT Kelly is the director for resources and Yee is the environmental coordinator for NHO.

U.S. environmental laws require all facilities selling or using gasoline products to protect the environment from damages that may be caused by leakage of gasoline, fuel oil or kerosene stored in tanks. Whenever a fuel leak is discovered the tanks must be dug up, the dirt turned over several times and fuel eating bacteria put into the dirt to eat up any fuel.

According to Yee, the leak at NHO's service station was discovered in February 1989 during the routine annual testing of the tanks. The leakage was reported to the County of Alameda and the State of California, who are the local enforcement agencies for environmental laws. "Using guidelines developed by the state and the county, we proceeded to

determine when and why it occurred and what damage (contamination) was done to the soil," Yee added. During the two year hiatus the damaged tank was closed and monthly inspections of the two remaining tanks were performed to ensure that the command had no new leaks or contamination.

"The investigation revealed that approximately 7,000 gallons of fuel were lost after the tank was damaged and the three tanks must be removed to correct any environmental damage," said Yee. NHO requested funds from the Department of the Navy to correct the damage and those were granted in September 1991.

Using a contract awarded by Naval Facilities Engineering Command Western Division, San Bruno, NHO began digging up the tanks in early November. "So far, to-date we have dug up and collected over 1,000 tons of soil that is contaminated, and we are continuing to check more of the soil for high concentrations of contamination," said Yee. However, Yee further stated, "the equipment used by the contractor can only dig up to 17 feet into the ground. After that we must use other methods of treatment." The Navy has agreed to work with the County of Alameda on

other acceptable methods of treatment, including using a different more effective bacteria to accelerate the natural decomposition of the contamination, or flushing the ground with water and pumping out the contamination.

CAPT Kelly stated that the Navy is working to correct the contamination problem. "The Navy must be a good citizen and neighbor; therefore, it has accepted the responsibility for ensuring that it cleans up any damage to the environment," he said. "Federal law requires that by 1998 all single-walled storage tanks be replaced with puncture-resistant double-walled tanks."

Depending upon the damage discovered in the clean-up, the command does not expect to reopen the gasoline sales until around April 1992. "At this point the command is concerned that the three replacing tanks will not pay for themselves," said CAPT Kelly, "we need to know how people feel about the sale of gasoline on the compound."

*Included is a command survey that people should fill out and return to the information desk or the Listening Box with their suggestions. They should also indicate whether they use the gas station; and if having a gas station on base would be of benefit to them.*

## Gas Station Survey 1991

1. Did you know that there is a Navy Exchange gas station on the hospital compound?  
\_\_\_\_\_
2. If so,
  - (a) Do you use it? \_\_\_\_\_
  - (b) How frequent is your use? \_\_\_\_\_
  - (c) Average number of gallons purchased? \_\_\_\_\_
  - (d) Type of gas purchased:  
- regular unleaded  
- high octane unleaded
  - (e) If the gas station is not reopened, where would you buy gasoline? \_\_\_\_\_
3. Thank you for your cooperation. Please return form to the suggestion box (Listening Box) or to the front desk in the main hospital.

# CDR Ernie Ghent leaves his mark at Oak Knoll

By Andree Marechal-Workman

Commander Ernie Ghent may have spent 26 years in the Navy, but it is his one-year tour in Vietnam as a combat corpsman with a U.S. Marine Corps unit that he remembers as one of his most memorable experiences.

"I remember that year most vividly because it is the year I learned how to survive," he said in an interview shortly before he left Naval Hospital Oakland (NHO) for a Permanent Change of Station (PCS) at the Bureau of Medicine and Surgery in Washington, D.C.

His tour in Vietnam happened in 1968-69, and since then, his Navy career has taken a dramatic swing upward.

CDR Ghent joined the Navy "three days out of high school" in 1964 as an E1. Since then he's served as administration officer aboard USNS Mercy in the Persian Gulf; as executive officer of Naval Medical Clinic in New Orleans, LA, and as patient administrator at Roosevelt Road in Puerto Rico, where he was "patient coordinator for the Grenada invasion." He's also been in New Hampshire, in Sigonella, Sicily, and in Florida,

among other Navy shore duty stations.

He spent the last three years right here at NHO, where he's been untiring in his efforts in behalf of the Patient Administration Department.

"Hopefully, I've spread the word about how important the department is to the quality operation in the hospital," he said on the eve of his departure for Washington, D.C.


According to the commander, after spending a year at the Northwest Region, he transferred to the hospital as the head of the Patient Administration Department. His first year was spent preparing for the JCAHO, which the department passed with flying colors. "In fact," remarked the native of Milford, CT, "we received some special comments from the inspectors at the outbreak."

But his eight-month deployment aboard USNS Mercy also stands out as a hallmark in his military life. "It was kind of a shock," he recalls. "My wife had been visiting her family in France for seven weeks, and I left for the Persian Gulf one week after she came back."

In conclusion, CDR Ghent said that "you leave a little bit of yourself in every place that you've been, and a lot of the people here will have a

special place in my heart."

CDR Ghent is married to the former Marie-France Girault of Marseille, France. The couple have two children: 21-year-old Kelly and 24-year-old Mark. The latter is serving in the U.S. Army in Winter Harbor, ME.



A very happy CDR Ghent displays the American Spirit of triumph when he returned from the Persian Gulf aboard the USNS Mercy. (Official U. S. Navy photo)

# Civilian is awarded honorary naval officer rank



CAPT Maria Carroll (right) and CAPT Linda Pollock pin an ensign bar and oakleaf on Pamela Reuling. (Official U. S. Navy photo)

By JOSN Kyna S. Kirkpatrick

On Dec. 4, in the Clinical Assembly, people smiled and cheered as Pamela Reuling was given her honorary Nurse Corps Ensign bars. Captain Maria Carroll, director for Nursing Services, and CAPT Linda Pollock, assistant director for Nursing Services, pinned the bars on Reuling as Lieutenant Commander George Morrison read the citation from the Nurse Corps Director, Rear Admiral M. Stratton. Reuling was also presented a Letter of Appreciation by LCDR Susan Griffin, division officer for the Cardiac Observation and Rehabilitation Ward, for her "15 years of selfless dedication in the coordination of student nurse training experiences between California State University, Hayward, and

Naval Hospital Oakland." The Letter of Appreciation was also signed by RADM Stratton.

Mrs. Reuling was very surprised by her awards. "I am truly speechless. I thought I was going to go in and the ICU staff were going to say, 'things have been going great and we just wanted you to know that we appreciate you coming in,'" she said.

"I always try to go in and thank the ICU nurses who work with our students. I know most of them enjoy it but I know it takes time and effort, and often times in our areas we are not thanked for what we do."

Along with NHO staff members, her husband Edwin Reuling, MD, and her daughter Anne and her family were present for the joyous occasion. "I am glad you told me thank you, I keep getting satisfaction out of that," she said to a well deserved round of applause.



# Mental Health Department

## *They keep our military force healthy*

(Official U. S. Navy photos by SN Wael Issa)



HM3 Thomas Schmidt runs the TRIPAS computer terminal for appointments. He also facilitates transition groups.



CDR Linda Fuller, MC, USN is one of the

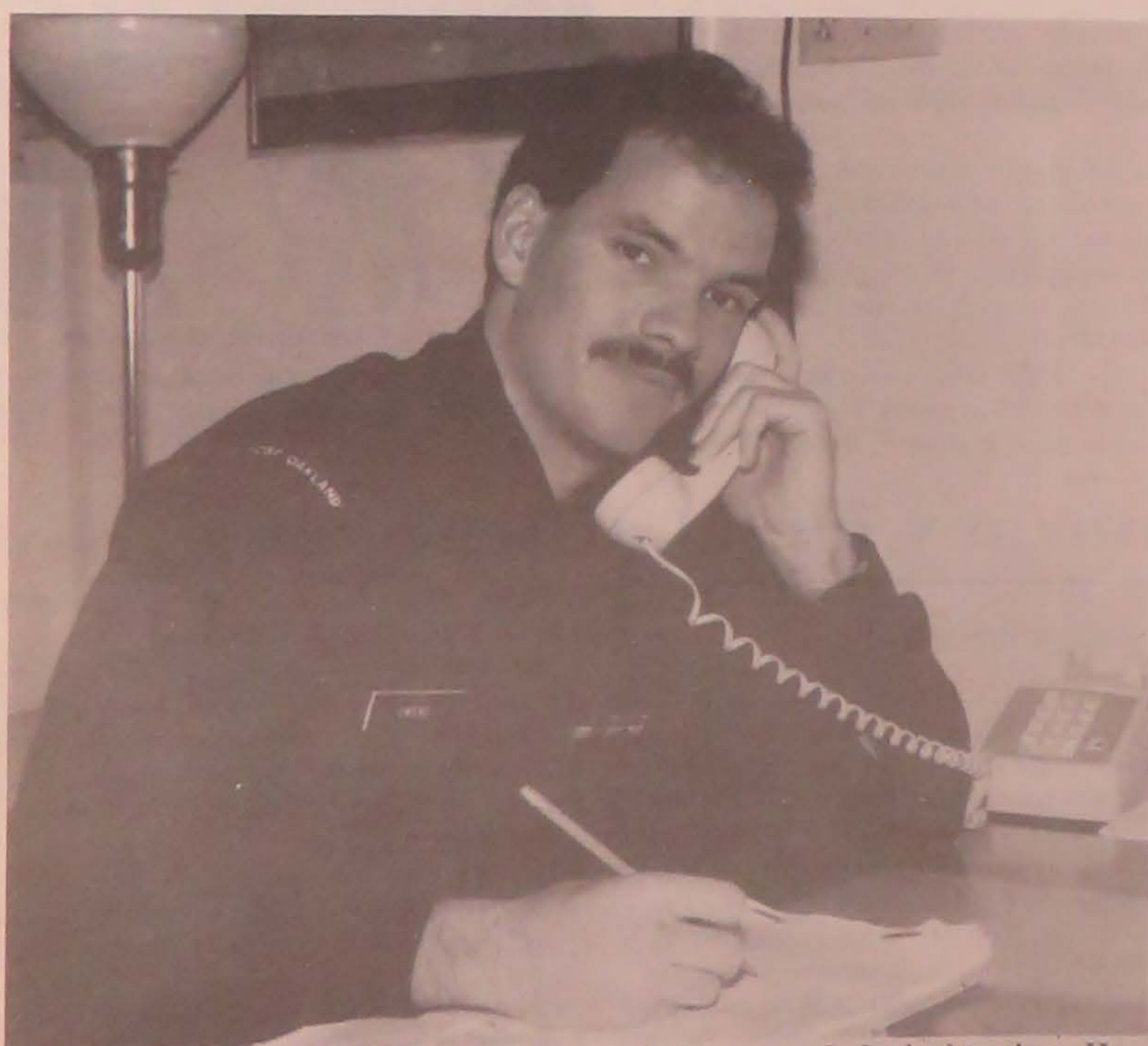
## Healthy: *continued*

and CDR Fuller. The staff also includes a clinical neuropsychologist, Lieutenant Commander Laslo Navradszky, MSC, a team of psychiatric nurses and 24 neuropsychiatric technicians. The latter are 8485 corpsmen who have completed a specialized Naval School of Health Sciences (NSHS) two-phase, 12-week course in the discipline.

Yet, even with a staff reduced by 50% for the past two years, CDR Fuller said that they've been "on target with most of their goals," the only

exception being routine appointments list longer than 12 weeks. However, all available servicemembers are especially proud of her department's evaluations.

She's also the Stress Management Coordinator. She's been available to personnel, "Therapy" that runs on Tuesdays.



Psychometrician, HM3 Heath Owens, administers psychological testing. He is also QA coordinator.



LPO, HM2 Leonard Gaylord is responsible for the supervision of the technicians.





Psychiatrists onboard.

## page 1

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...in 10 to 11:30

a.m.," she said. "It covers basic understanding of stress, explains its causes and [physiological] effects on the body and gives active-duty servicemembers a greater understanding of the negative effects of stress. For example, it includes modules on relaxation training, assertiveness training, time management and more."

CDR Fuller reinforced the anticipated reorganization of the department to include the resource sharing clinical psychologists. "With

the reorganization currently going on, these providers will now be members of the Mental Health Department, under the director of Medical Services," she said, emphasizing they will eventually be able to see adolescents, children and dependents.

However, the commander was quick to point out that "the services available will be the same, but they will be administered in a more efficient manner." It will also have greater impact, she added, because the psychological testing services will be combined under Dr. Navradzky.

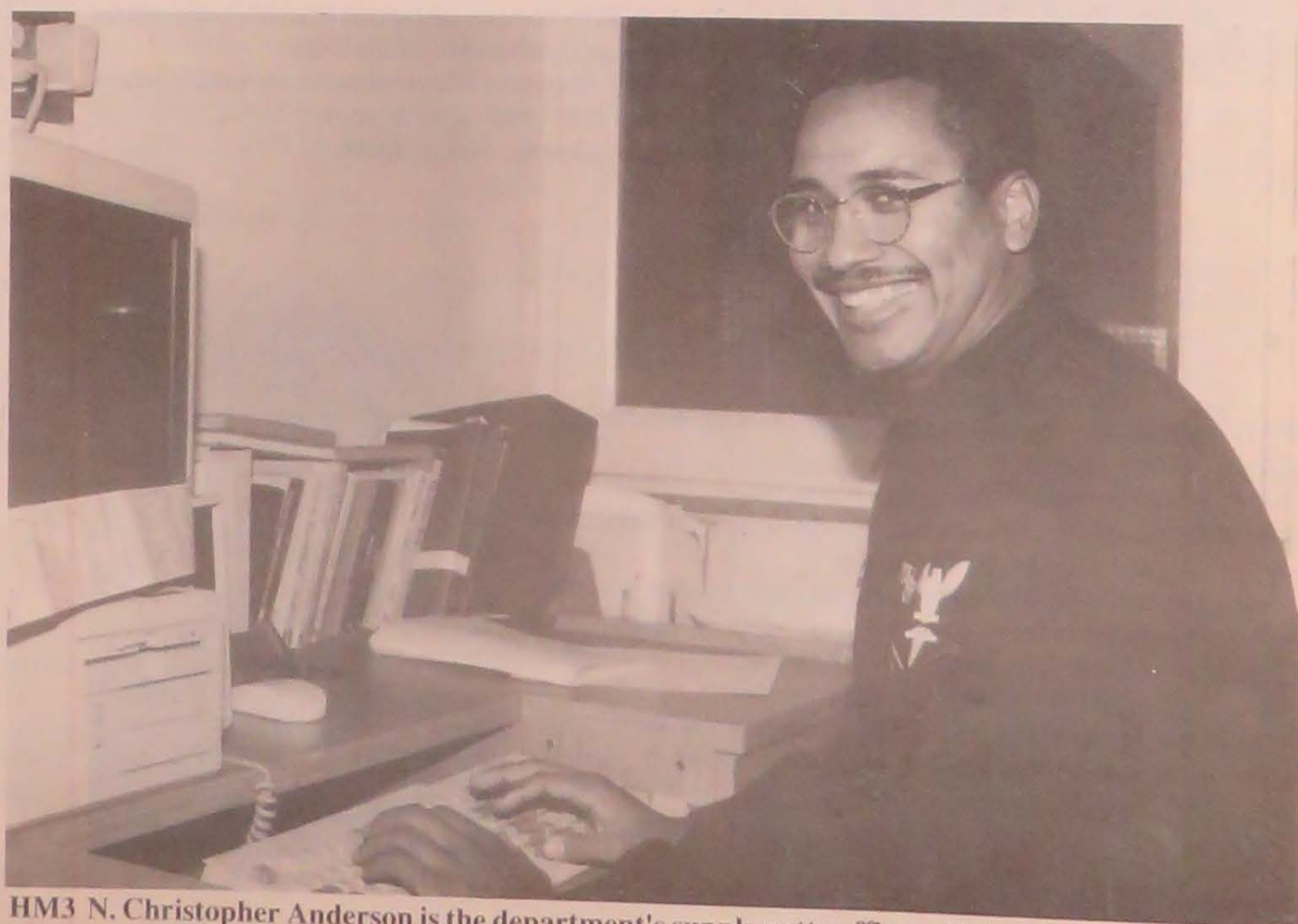
"Our greatest challenge," CDR Fuller concluded, "is meeting the needs of the active-duty servicemembers in a compassionate

way while working within the boundaries and limitations of naval fitness for duty requirements. Sometimes there's a fine line because what the servicemember would like is not something that would agree with Navy standards."

But, with the staff's approach to treatment CDR Fuller described — "an attempt to expand [clients'] understanding of their situation and help them see whatever conflicts they're dealing with from a different perspective" — there's no doubt that Oak Knoll's Mental Health Department can make a difference in the maintenance of a mentally healthy Navy force.



Assistant LPO, HM3 Brian Legg, coordinates the department's clinical services.



HM3 N. Christopher Anderson is the department's supply petty officer. He is also group facilitator.



## Naval Hospital Oakland Optometry Department Up Close

**What is your job?** To provide comprehensive eye exams which involves checking a person's vision, eye muscle balance and ocular health status.

**Marital status:** Single.

**Hometown:** San Francisco, CA.

**Hobbies:** Biking, classical movies and art.

**Likes:** People who use their full potential and have a cheerful spirit.

**Dislikes:** A negative attitude.

**What is the most challenging part of your job?** Trying to provide eye exams for the retired population, who, due to the shortage of optometric appointments for them, become frustrated about having to wait to be seen.

**I wish I could stop:** The health care system from imposing restrictions on who can receive medical care. I believe everyone should be entitled to health care, especially preventive medical care.

**Role models/heroes:** Biblical character, Esther.



LT Pearl L. Yee, MSC, USN

**What is your job?** Serve as the leading petty officer, patient contact representative and supply petty officer of the department.

**Marital status:** Married.

**Spouse:** Jennifer S. Ramirez.

**Children and ages:** Nathaniel Ramirez, 2 months.

**Hometown:** Baguio City, Republic of the Philippines.

**Hobbies:** Table tennis and tape collecting (video and audio).

**Likes:** Good movies, computers and fast cars.

**Dislikes:** Unhappy patients.

**What is the most challenging part of your job?** Working with patients who can't get optometry appointments.

**What is your immediate goal?** Advance to first class petty officer the earliest possible time.

**What is your long-term goal?** Take and pass the Graduate Management Admission Test in preparation for a master's degree in Business Administration.

**If I could do it all over again, I'd:** Enlist in the U. S. Navy.

**I wish I could stop:** The killing of endangered animal species and the destruction of the tropical rain forests of the world.

**I respect myself for:** Becoming what I am now, considering where I am from and things I have had to go through.

**Role models/heroes:** Gandhi, Ninoy Aquino.



HM2 Nathaniel S. Ramirez

**What is your job?** Answering phones and checking in patients.

**Marital status:** Single.

**Hometown:** Washington, D.C.

**Dislikes:** Active-duty enlisted with the means of continuing their education who don't take advantage of it.

**What is the most challenging part of your job?** Dealing with irate callers over our appointment system.

**What is your immediate goal?** To continue as a full time student throughout my tour at Naval Hospital Oakland.

**What is your long-term goal?** To become a pharmacist.

**If I could do it all over again, I'd:** Still join the Navy.



HM3 Monica A. Lowry

## From the Chaplain



By LT J. Lynne Kennedy, CHC, USN

When I think back on the Christmases that had meaning for me, they were, more often than not, not the ones at which I raked in the biggest haul of presents, but ones that had glimpses of genuine love, trust and hope.

I think of one of the Christmases I spent in England. I had no family and no plans to "go home for the holidays," but a school friend, from a family without very much money, invited me to "bunk in" with them. None of us had money - sort of similar to this year of lean times - yet the gifts were special because they were meaningful both ways - for the giver and receiver.

Hand-made mittens from left-over yarn was a gift that warmed my heart as well as my hands. Since American-made tomato soup was a favorite, I brought a bit of America in a present of Campbell's tomato soup. The gift exchanges were small, but memorable. They came from the heart.

We also shared our respective traditions. I shared our Christmas tradition of singing American carols and playing my guitar. We went to their Evensong and midnight Mass. Then, cultures merged as I, the American, had the privilege of making "Christmas English tea." The tradition was the first one to rise in the morning put the kettle on to boil, made the tea and brought steaming mugs to each family member.

My new-found friends opened their home to me - one who was alone, far away from home. Their actions impressed a permanent Christmas memory of genuine love, trust and hope.

If you are not into the Christmas spirit yet ... listen ... you may hear someone who needs you and your traditions ... just as you may benefit from theirs.

Share a smile, share a moment, share a song, share a tradition, share yourself ... that's what Christ did, and, after all, it's his birthday we celebrate. Let's be like him.

## Celebrate New Year's Eve at Club Knoll

On Dec. 31 from 8 p.m. to 1 a.m., Club Knoll will hold a New Year's Eve party. There will be a D.J. from 8 p.m. to 1 a.m. in the Caduceus Room. Dinner will be served in the La Hacienda Room from 8-10 p.m.

A \$25 fee per person includes: dinner, dance music, hats and favors, glass of wine with dinner, champagne toast at midnight and continental breakfast after midnight. For those who prefer no dinner, there is a \$6 cover charge that includes: hats and favors, dance music, glass of champagne at midnight and the continental breakfast.

All dinner reservations are required and must be placed by Thursday, Dec. 26, to allow for adequate ordering. For more information call Club Knoll at 633-6400.

HAPPY  
NEW  
YEAR



## For your health

### Vegetables: Have you had your 3 to 5 servings today?

By ENS Suzan E. Dunaway  
MSC, USNR

Mom always told us to eat our vegetables, but what possible benefits could there be in this? Besides adding a variety of textures, colors and flavors to meals, vegetables also provide essential vitamins and minerals as well as fiber. Another plus is that vegetables naturally contain no cholesterol, and most (excluding olives and avocados) are very low in fat and calories. The primary nutrients found in vegetables are vitamins A and C and fiber.

Vitamin A is a fat soluble vitamin which plays a key role in maintaining healthy skin. In particular, vitamin A plays a major role in keeping the cornea of the eyes healthy, restoring the ability to see in dim light and proper secretion of mucus by cells in the lining of the stomach, intestines, lungs and many others. Beta carotene, which is converted to vitamin A is found in such vegetables as spinach, sweet potatoes, carrots and other dark green and orange vegetables.

Vitamin C, or ascorbic acid, is a water soluble vitamin which is responsible for the production and maintenance of collagen (a substance that forms the base for connective tissues in the body-bones, teeth, skin and tendons). Vitamin C also helps to increase the absorption of iron. Since vitamin C is water soluble, the kidneys excrete unused amounts. For this reason the diet should contain at least one good source of vitamin C per day. Vegetables which are considered good sources of this vitamin are broccoli, members of the cabbage family and green leafy vegetables. Tomatoes and potatoes are also considered good sources if two or more servings of either is consumed.

Fiber is a residue of plant foods which is not broken down



by digestive enzymes. Fiber may help with weight reduction by promoting a feeling of fullness. It can also prevent constipation by keeping foods moving through the digestive tract at an optimal rate. Fiber has also been linked to lower blood cholesterol levels and, possibly a reduced risk of colon cancer. Good sources of fiber include sweet potatoes, beans and peas, spinach and corn on the cob.

To increase vegetables in your diet, try snacking on vegetables rather than candy or chips. Add chopped vegetables to main dishes such as meatloaf and casseroles. Also use vegetables as a base in foods such as stuffed potatoes or stuffed tomatoes.

If you don't care for the flavor of a particular vegetable, try using a different method of preparation. Meat broth, lemon juice and herbs and spices can make dramatic changes in the flavor of many vegetables. Also don't be afraid to try new vegetables from time to time.

## Clean up your world — recycle

WASHINGTON (NES) — So you've decided to do your part for the environment by recycling. How do you get started?

Recycling doesn't need to take up a great deal of space. About 10 square feet of space in the garage, closet or kitchen will store a month's worth of recycling materials.

You can begin by storing your separated trash in different boxes — one each for glass, aluminum cans, tin cans, etc. Used motor oil can be recycled as well. Don't be a polluter by simply tossing waste oil down the storm drain.

Depending on the area, you may be required to separate glass by color. You probably won't need to remove the label, but you should rinse out the bottles and remove the caps.

Newspapers can be bundled up with twine or stored inside paper bags. High-grade paper such as computer and typing paper should be kept separate from newsprint. Cardboard that is not plastic-coated or tar-lined can be recycled. Many grocery stores bundle their cardboard for recycling — ask who handles recycled paper products. Scrap paper products, which includes anything not already mentioned, can be recycled into egg cartons and cereal boxes, but leave out magazines. The high clay content that produces their slick appearance makes them difficult to recycle. A better plan of action would be to recycle them by sharing.

There are seven different types of plastic in common use, but not all may be recycled. Look for the voluntary code on the container bottom to separate by type.

While the act of separating trash to preserve recycled material isn't difficult, not all communities have organized recycling programs.

Check with city employees to determine what services are available in your area.

Recycling makes economic sense. For example, one ton of aluminum made from ore requires 16,000 kilowatt-hours of electricity while one ton created from recycled material needs only 187. Recycling paper, cans and glass can greatly contribute to energy conservation.

As much sense as recycling makes, society still throws tons of unseparated trash into landfills each year. By beginning your personal recycling program now, you are preparing for a future in which recycling will become increasingly important for economic as well as environmental reasons.

*Reprinted from The Navigator, Naval Training Center, Orlando, FL.*

## Safety Corner



Robert Woodford, Occupational Health and Safety Manager

### HOME FIRE SAFETY

#### How to make your home fire-safe

Fire is perhaps the most dangerous and deadly of all home emergencies. Protecting your home from accidental fire is one of the most important things you will ever do for yourself and your family. Let this checklist be your guide for making sure your home is safe from accidental fire.

#### Fire Prevention Checklist

##### Hazard Prevention

- \* Keep burnable materials away from heat sources such as chimneys, water heaters, radiators, portable heaters, etc.
- \* Store burnable materials away from stairways and walkways (if a fire did break out, they could block your exit). Do not store, use or carry flammable liquids in open containers.
- \* Clean ovens, rangetops and exhaust fans to keep them free of grease.
- \* Make sure that all electrical appliances have

been approved by a testing lab (such as Underwriters' Laboratory).

\* Replace worn or frayed cords, plugs or wiring immediately (or have them repaired by licensed electrician). Turn off gas pilots when working with flammable adhesives.

- \* Never overload circuits.
- \* Quench fireplace and barbecue fires completely before retiring. (Even if there is no visible flame, hot embers can re-ignite).
- \* Never smoke in bed or when drowsy.
- \* Never empty ashtrays into a wastebasket — keep a can filled with baking soda to dispose of butts or douse them first with water.

#### Safe Practices

- \* Install at least one smoke detector on each floor of your home.
- \* Vacuum smoke detectors monthly to keep them dust-free.
- \* Inspect detectors monthly to ensure that batteries and lights work.
- \* Make sure that security gates and window guards can be opened easily from within the home.
- \* Establish escape routes from every floor of your home and know where to meet outside.
- \* If you do not have a fire-escape, keep portable escape ladders on the upper floors of your home.
- \* Have regular home fire drills.
- \* Keep a multi-purpose fire extinguisher on each level of your home — and learn how to use it.
- \* In the event your clothing should catch fire, stop what you're doing, drop to the floor and roll around until flames are extinguished.

*Have a very Merry Christmas*

## NHO recycling program

All Naval Hospital Oakland employees and interested personnel are encouraged to participate in and support the newly established Recycling Materials program. Proceeds from the sale of these recyclable items will be utilized by the command's Morale, Welfare and Recreation Department.

The following items will be accepted for recycling: White paper (unclassified information, in compliance with the Privacy Act) and newspapers that must be tied in neat bundles. Also accepted are aluminum cans and cardboard that must be broken down and flattened, plastic beverage containers and glass bottles that must be separated as to color-i.e: clear, brown or green.

The following items will not be accepted: Magazines and books of any type, plastic bags, paper grocery bags or plastic milk cartons.

Recyclable materials may be dropped off at the back loading dock of building 133, Monday through Thursdays between 8 and 9 a.m., and 1 and 2 p.m. Point of contact for further information is ENS Holland or HMC (SW) Nelson at 633-6805.



# New four-year Nurse Corps NROTC scholarship offered

WASHINGTON (NES) — Fleet sailors joined newcomers to the Navy in a new Nurse Corps commissioning program this fall. The first recipients of the new four-year Nurse Corps Naval Reserve Officer Training Corps (NROTC) scholarship began their educational programs at various educational institutions in September.

The four-year option was added this year to help increase Nurse Corps accessions, however, the two-year Nurse Corps NROTC scholarship, introduced in 1989, is still available. Nurse Corps scholarships are available to midshipmen from civilian sources and to active-duty personnel including graduates of Broadened Opportunity for Officer Selection and Training (BOOST).

Fleet applications are considered equally with civilian applications, and there are no set quotas for either category, according to Commander Mary Anne Gardner, Nurse Corps

officer community manager at the Bureau of Naval Personnel. The goal of the new four-year program is to eventually graduate 100 new Navy nurses each year. As of September, nearly a dozen interested fleet sailors had already been offered the new four-year scholarship for the current school year, and more than 20 BOOST graduates had also enrolled.

Innovative new accession programs and rising retention rates have led to good news for the Nurse Corps, according to CDR Gardner. "The Nurse Corps will meet its end strength goals in Fiscal Year 92, for the first time in several years," she said. "The NROTC program should help us maintain authorized end strength and, with more nurses, be able to provide care to more beneficiaries."

Gardner described the Nurse Corps option NROTC scholarship as "a tremendous opportunity for individuals to complete a baccalaureate

degree in nursing and receive a commission as a Nurse Corps officer upon graduation.

"It also provides the Navy with an additional source for nurses," she continued. This is particularly important because of the nationwide nursing shortage and competition for hiring not only from the civilian sector, but also from the other services."

Although eligibility requirements specify an age limit of younger than 25, fleet applicants may be eligible for age waivers based upon their time in service. For other eligibility requirements and application procedures, interested sailors should contact their career counselors, nearest Navy recruiter or call CDR Gardner AV 223-2326 or commercial (703) 693-2326.

*Information courtesy of public affairs staff, Bureau of Naval Personnel, Washington, D.C.*

## Civilian Personnel vacancy listing

This is the list of current and open continuous vacancies which are serviced by Civilian Personnel Department at Naval Hospital Oakland. Applicants who are qualified federal employees with competitive status, qualified former federal employees with reinstatement eligibility, or qualified individuals eligible for special appointments, such as those authorized for the severely disabled certain Vietnam Era and disabled veterans, may apply for these announcements.

Applicants should refer to the individual vacancy announcements for complete information and qualifications. Announcements may be obtained by calling 633-6372 or Autovon 828-6372, Monday through Friday, 8 a.m. - 4 p.m., or visiting the Civilian Personnel Office.

Position	Location	Closing Date
Physical Science Technologist GS-1311-4/5/6	Navy Drug Screening Lab	OC
Medical Technologist GS-644-7/9	Laboratory Department	OC
Medical Technologist GS-644-7/9	Navy Drug Screening Lab	OC
Industrial Hygienist GS-690-7/9/11	Various Locations	OC
Chemist GS-1320-7/9	Navy Drug Screening Lab	OC
Vocational Nurse GS-620-05	Nursing Services	OC
Physicians Assistant GS-603-11	Branch Clinic, Mare Island	OUF
Orthotist or Orthotist-Prosthetist GS-667-9	Orthopaedic	OUF
Medical Record Technician GS-675-7/8	Patient Admin.	OUF
Medical Record Technician GS-675-04	Patient Admin.	OUF

OC= Open until closed OUF= Open until filled

*Editor's Note- the remainder of the vacancy listing will be published in the next issue of the Red Rover.*



## Social Security

*Lack of numbers costing VA millions*

By Rudi Williams  
American Forces Information Service

Department of Veterans' Affairs pensioners and compensation beneficiaries be warned: Tell VA your Social Security number or your monthly check could be stopped or reduced starting as early as January.

Those who ignore the warning are getting an unexpected break. A change in VA regulation governing these payments has been delayed, and VA officials do not expect it to be finalized until sometime in December.

Discounting benefits for some is being held in abeyance until the regulation is finalized, said Bob Yurgal, chief of the projects staff for VA's Compensation and Pension Service. After that, reductions and cutoffs begin until beneficiaries provide their Social Security numbers.

Missing Social Security numbers are blamed for hundreds of millions of dollars in overpayments, Yurgal noted. Computer matches by the general Accounting Office and VA's inspector general revealed some beneficiaries may be receiving VA payments that should be offset against payments from another federal agency.

People are underreporting earnings from other sources, too, such as private pensions, gambling winnings

and unemployment compensation, Yurgal said. The biggest case of all involves more than \$220 million in interest and dividends, he added.

VA has mailed more than a million letters to veterans and dependents receiving benefits, asking them to provide their Social Security numbers to remain eligible for monthly payments. Most beneficiaries have complied, Yurgal said.

Beneficiaries whose addresses have changed should contact the VA regional office. VA has toll-free numbers for every state. Beneficiaries can check the government listings in their telephone book for the office nearest them.

In addition to recouping more than \$100 million when all beneficiaries' Social Security numbers are compiled, VA expects to save taxpayers more than \$250 million annually thereafter. Yurgal said Office of Management and Budget savings estimates were conservative because it had nothing to base its figures on — VA officials believe the department stands to save far more.

VA's pension provides monthly payments to bring an eligible person's income to a support level established by law. The support level, however, is reduced by the annual income from other sources such as Social Security benefits that may be payable to all veterans, surviving spouses or dependent children. Countable income may be

reduced by certain unreimbursed medical expenses. VA pensions are not payable to those who have assets that can be used to provide adequate maintenance. Pensioners are permanently and totally disabled veterans. Payments are made to bring their total income, including retirement or Social Security income, to an established support level. Again, pensions aren't payable to those with enough assets to support themselves.

The Omnibus Budget Reconciliation Act of 1990 gives VA the right to solicit Social Security numbers and match them with information maintained by the Internal Revenue Service. The Treasury Department has alerted the banking industry that VA is soliciting Social Security numbers, Yurgal said. He said VA is also working with the Social Security Administration on alternative methods to obtain the information needed without having to ask beneficiaries to cooperate.

VA is dangling the proverbial carrot in front of those who have not provided their Social Security numbers. "People whose checks are stopped have a year to appeal to VA for reinstatement," Yurgal said. "They may wind up not losing any money. The biggest thing is that people who are playing the game straight — the overpayment was just an oversight — will get their money back."

## Sports Corner

Congratulations to the three finalists in the 8-ball tournament held in the Bowl-n-Cue, recently. First place, Jeff Hutchinson; second place, Leotis Jones; third place, Brett McClarey. Winners will represent Naval Hospital Oakland at the Central Sports Straight Pool Tournament on Feb 8, 1992, in Vallejo, CA. Good Luck!!

### Team Standings

#### NHO Intramural Basketball Game Standings (As of Nov. 20)

	WINS	LOSSES	PCT.
DENTAL	1	0	1.00
TOP COPS	1	1	.50
TERMIN.	1	1	.50
PHARM.	1	1	.50
LAB	1	1	.50

#### NHO Intramural Volleyball Match Standings (As of Nov. 25)

	WINS	LOSSES	PCT.
PT/OT	2	0	1.00
MED.			
REPAIR	2	0	1.00
PHARMACY	1	1	.500
PT/ADMIN	1	2	.333
OB/GYN	0	3	.000